

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>13299</u>	2 Fiscal Year Covered From <u>11</u> / <u>11</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Charles</u> <u>Zweite</u> P O Box Bldg Room No If any _____ Street <u>300 South Grand Ave</u> City <u>St Louis</u> State <u>MO</u> ZIP Code + 4 <u>63103</u>	4 Name file number and address of labor organization Name <u>Teamsters Local 688</u> Labor Organization File Number <u>015-471</u> P O Box, Building and Room Number If any _____ Street <u>300 South Grand</u> City <u>St Louis</u> State <u>MO</u> ZIP Code + 4 <u>63103</u>
5 Position in labor organization <u>Research &amp; Education Director</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box Bldg Room No If any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a. Nature of Interest, Transaction or Income _____ 7 b. Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete (See the section on penalties in the instructions)	
Signed <u>[Signature]</u>	On <u>8/15/05</u> <u>314-658-5731</u> Date Telephone Number

Name of Person Filing	File Number U
-----------------------	---------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8 Name and address of Business (including trade name if any)</b> Name <u>Spector &amp; Wolfe</u> Trade Name if any <u></u> P O Box Bldg Room No if any <u></u> Street <u>206 W Argonne</u> City <u>Frickwood</u> State <u>MO</u> ZIP Code + 4 <u>63122</u>	<b>9 Business deals with</b> <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9.b or 9.c. is checked give trust or employer's name</b> Name <u></u> Trade Name if any <u></u> P O Box, Bldg. Room No if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	<b>11 a Nature of such dealing</b> <u>Legal Services</u> <b>11 b Approximate dollar value of such dealing</b> <u>Fee for Service</u> <b>12 a Nature of interest held or income received</b> <u>Christmas/Holiday Gift -</u> <u>\$600.00 - State rep</u> <u>Camp &amp; Contributions</u> <b>12.b Amount</b> <u>\$50.00</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<b>13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b> Name <u></u> Trade Name if any <u></u> P O Box Bldg Room No if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	<b>14 a. Nature of payment.</b> <u></u>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14 b Amount of payment.</b> <u></u>

Name of Person Filing	File Number U
-----------------------	---------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>American Income Life</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any <u>P.O. Box 2608</u></p> <p>Street _____</p> <p>City <u>Waco</u></p> <p>State <u>TX</u> ZIP Code + 4 <u>76797</u></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9.b or 9.c is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box, Bldg Room No. if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11 a Nature of such dealing</p> <p><u>Insurance Company</u></p> <p>11 b Approximate dollar value of such dealing <u>UNKNOWN</u></p> <p>12 a Nature of interest held or income received</p> <p><u>No cost accidental death insurance (\$2000.00) for all 688 members</u></p> <p>12 b Amount <u>Unknown</u></p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment.</p> <p>_____</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p> <p>_____</p>



**File Number U**

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

12 b Amount \$300.00

14 b Amount of payment.

-----The transactions, dealings and interests that are detailed in the attached form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period 01/01/2004 to 12/31/2004. Accurate records of reportable occurrences were not kept for 2004 fiscal year and one or more items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the above period, I will promptly file an amended LM-30.

In addition, because I serve as a state representative, I included copies of contribution reports filed during the 2004 reporting period. I included such reports because, in my limited scope of duties at Local 688, there is no way to be certain of every vendor or business that has a relationship with Local 688. You can also visit the Missouri Ethics Website at [www.moethics.gov](http://www.moethics.gov) for the same information.

CLT Zinfel 08/15/05



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL



NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 12/2/2004
---	-------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED AGGREGATE TO DATE	5) AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME ADDRESS Home Building Industry Political Action Committee CITY/STATE 10104 Old Olive Street Road EMPLOYER Saint Louis MO 63141 <input checked="" type="checkbox"/> COMMITTEE	10/31/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Centurytel Partners for Missouri CITY/STATE 220 Madison St 3rd Floor EMPLOYER Jefferson City, MO 65101 <input checked="" type="checkbox"/> COMMITTEE	11/1/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS 61st District Concerned Citizens CITY/STATE 2809 Caroline EMPLOYER Saint Louis MO 63104 <input checked="" type="checkbox"/> COMMITTEE	11/1/2004 \$ 0	\$ 150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Pat Raftery CITY/STATE 1724 Foxglove Drive EMPLOYER St Charles MO 63033 <input type="checkbox"/> COMMITTEE	10/22/2004 \$ 0	\$ 150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Mel Cultrrell CITY/STATE 5535 Pierre Ct EMPLOYER Saint Louis MO 63128 <input type="checkbox"/> COMMITTEE	10/22/2004 \$ 0	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Planned Parenthood Vote. CITY/STATE 4251 Forest Park Avenue EMPLOYER Saint Louis MO 63108 <input checked="" type="checkbox"/> COMMITTEE	10/26/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Merck CITY/STATE One Merck Drive EMPLOYER Whitehouse NJ 88891 <input type="checkbox"/> COMMITTEE	10/26/2004 \$ 0	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Jeff Harris Leadership Team CITY/STATE 2400 Topaz Dr EMPLOYER Columbia MO 65203 <input checked="" type="checkbox"/> COMMITTEE	10/26/2004 \$ 0	\$ 125 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

**TOTAL ITEMIZED CONTRIBUTIONS**

(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)

FORM CD-1 SUPPLEMENTAL



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 12/2/2004
---	-------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME ADDRESS Edison Schools CITY/STATE 521 Fifth Ave EMPLOYER New York NY 10175 <input type="checkbox"/> COMMITTEE	10/26/2004 \$ 0	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Committee for Political Act on of Missouri Certified CITY/STATE Public Accountants EMPLOYER PO Box 419043 Saint Louis MO 63141 <input checked="" type="checkbox"/> COMMITTEE	10/26/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Mike Dace CITY/STATE 2284 Riverwood Trails EMPLOYER Florissant MO 63031 <input type="checkbox"/> COMMITTEE	10/22/2004 \$ 0	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS HBAM PAC CITY/STATE 215 E Capitol Ave EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE	11/1/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS The Swain Group CITY/STATE 21 Bingham Rd EMPLOYER Columbia MO 65203 <input type="checkbox"/> COMMITTEE	11/1/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Good Government for Missouri CITY/STATE PO Box 16070 EMPLOYER Saint Louis MO 63105 <input checked="" type="checkbox"/> COMMITTEE	11/1/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS UPSPAC-Missouri CITY/STATE 55 Glenlake Parkway NE EMPLOYER Atlanta GA 30328 <input checked="" type="checkbox"/> COMMITTEE	11/1/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Missouri Union of Law Enforcement CITY/STATE 5976 Howdershell Rd Suite 109 EMPLOYER Hazelwood MO 63042 <input checked="" type="checkbox"/> COMMITTEE	11/1/2004 \$ 300	\$ 100 00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)





MISSOURI ETHICS COMMISSION  
EXPENDITURES AND CONTRIBUTIONS MADE  
INSTRUCTIONS ON REVERSE SIDE



1 NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		2 REPORT DATE 12/2/2004	
A EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)		4 AMOUNT PAID OR INCURRED THIS PERIOD	
3 CATEGORY OF EXPENDITURE View Supplemental Form(s)		\$	
		\$	
5 SUBTOTAL NON ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)		\$ 0 00	
6 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGES		+ \$ 190 73	
7 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)		\$ 190 73	
B ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		9 DATE	10 PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)
8 NAME AND ADDRESS OF RECIPIENT			11 AMOUNT THIS PERIOD
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS View Supplemental Form(s)			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
12 SUBTOTAL THIS PAGE (SUM COLUMN 11)		\$ 0 00	
13 SUBTOTAL ANY ATTACHED PAGES		+ \$ 15 192 82	
14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)		\$ 15 192 82	
15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)		\$ 15 383 55	
16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD		\$ 15 383 55	
17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD		\$	
18 IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD LIST AMOUNT		\$ 0 00	
19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)		\$ 0 00	
C MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21 DATE	22 AMOUNT
20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			
NAME Sam Page for State Representative			
ADDRESS 1001 Craig Rd Suite 485		11/10/2004	\$ 300 00
CITY / STATE Creve Couer MO 63146			
NAME			\$
ADDRESS			\$
CITY / STATE			\$
NAME			\$
ADDRESS			\$
CITY / STATE			\$
23 SUBTOTAL THIS PAGE (SUM COLUMN 22)		\$ 300 00	
24 SUBTOTAL ANY ATTACHED PAGES		+ \$ 0 00	
25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		\$ 300 00	
26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT		\$ 0 00	
27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)		\$ 300 00	
28 IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT		\$ 0 00	

FORM CD3



NAME OF COMMITTEE ZWEIGEL FOR STATE REPRESENTATIVE		DATE 12/2/2004
EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)		AMOUNT PAID OR INCURRED THIS PERIOD
CATEGORY OF EXPENDITURE		
Office Depot	\$	47 19
Simply Thai	\$	31 10
China King	\$	8 44
bookcase	\$	30 00
postage	\$	74 00
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL ITEMIZED EXPENDITURES THIS PAGE		
(CARRY TO ITEM 13 "SUBTOTAL ANY ATTACHED PAGES" ON FORM CD 3)	\$	--

FORM CD 3 SUP A



MISSOURI ETHICS COMMISSION  
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM



NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		REPORT DATE 12/2/2004	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		DATE	PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)
NAME AND ADDRESS OF RECIPIENT			AMOUNT THIS PERIOD
NAME St Louis Pre-Sort ADDRESS 5051 Southwest Ave CITY/STATE Saint Louis MO 63110	11/1/2004	mailing costs \$ 0 00	\$ PAID 461 50 <input type="checkbox"/> INCURRED
NAME Dell ADDRESS PO Box 6403 CITY/STATE Carol Stream IL 60191	11/1/2004	printer ink \$ 0 00	\$ PAID 177 18 <input type="checkbox"/> INCURRED
NAME Creative Litho ADDRESS 3021 Cherokee Street CITY/STATE Saint Louis MO	11/1/2004	printing costs \$ 0 00	\$ PAID 764 10 <input type="checkbox"/> INCURRED
NAME Creative Litho ADDRESS 3021 Cherokee Street CITY/STATE Saint Louis MO	11/1/2004	printing costs \$ 0 00	\$ PAID 1 210 73 <input type="checkbox"/> INCURRED
NAME Melissa Threadgill ADDRESS 3330 Cherry Valley Rd CITY/STATE Allegany NY 14706	11/1/2004	campaign consul \$ 0 00	\$ PAID 4 700 00 <input type="checkbox"/> INCURRED
NAME Greg Shufeldt ADDRESS 3931 Cleveland CITY/STATE St Louis MO	11/1/2004	campaign consul \$ 0 00	\$ PAID 1 000 00 <input type="checkbox"/> INCURRED
NAME Brenda Zweifel ADDRESS 1962 Croftdale Dr CITY/STATE Florissant MO 63031	11/2/2004	election day fo \$ 0 00	\$ PAID 170 00 <input type="checkbox"/> INCURRED
NAME SBC ADDRESS PO Box 6300747 CITY/STATE Dallas TX 75263	11/11/2004	phones \$ 0 00	\$ PAID 500 00 <input type="checkbox"/> INCURRED
NAME Russos Catering ADDRESS 9904 Page Ave CITY/STATE St Louis MO 63132	11/11/2004	cater.ng \$ 0 00	\$ PAID 2 002 19 <input type="checkbox"/> INCURRED
NAME Andy Taylor ADDRESS 9904 Page Ave CITY/STATE St Louis MO 63132	11/11/2004	tip - catering \$ 0 00	\$ PAID 100 00 <input type="checkbox"/> INCURRED
NAME Mary Rodman ADDRESS House Building CITY/STATE Capital Post Office Jefferson City MO 65102	11/11/2004	reimbursements \$ 0 00	\$ PAID 1,500 00 <input type="checkbox"/> INCURRED
NAME Clint Zweifel ADDRESS 1960 Acorn Trail Dr CITY/STATE Florissant MO 63031	11/11/2004	reimbursements \$ 0 00	\$ PAID 2 067 80 <input type="checkbox"/> INCURRED
NAME Clint Zweifel ADDRESS 1960 Acorn Trail Dr CITY/STATE Florissant MO 63031	11/11/2004	reimbursements \$ 0 00	\$ PAID 75 85 <input type="checkbox"/> INCURRED
NAME Greg Shufeldt ADDRESS 3931 Cleveland CITY/STATE St Louis MO	11/1/2004	reimbursements \$ 0 00	\$ PAID 55 60 <input type="checkbox"/> INCURRED
NAME Melissa Threadgill ADDRESS 3330 Cherry Valley Rd CITY/STATE Allegany NY 14706	11/1/2004	reimbursements \$ 0 00	\$ PAID 113 51 <input type="checkbox"/> INCURRED
TOTAL ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13 "SUBTOTAL ANY ATTACHED PAGES" ON FORM CD-3)			\$ --

FORM CD3 SUP B

**MISSOURI ETHICS COMMISSION**  
**ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM**[illegible]

FORM CD3 SUP 8



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

MEC ID NO C010402

1 DATE OF REPORT  10/25/2004	OFFICE USE ONLY
------------------------------------	-----------------

INSTRUCTIONS ON REVERSE SIDE

2 FULL NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	
3 COMMITTEE MAILING ADDRESS 1960 ACORN TRAIL DRIVE CITY / STATE / ZIP FLORISSANT MO 63031	4 COMMITTEE TELEPHONE NUMBER  (314) 972-1990
5 TREASURER'S NAME JANICE SMITH	
6 TREASURER'S MAILING ADDRESS 1960 ACORN TRAIL DRIVE CITY / STATE / ZIP FLORISSANT MO 63031	7 TREASURER'S TELEPHONE NUMBER HOME (314) 972-1990 WORK (314) 731 3969
8 DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9 DEPUTY TREASURER'S MAILING ADDRESS	10 DEPUTY TREASURER'S TELEPHONE NUMBER HOME WORK
11 DATE OF ELECTION 11/2/2004	12 TYPE OF ELECTION (CHECK ONE) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13 TIME PERIOD COVERED BY THIS STATEMENT FROM 10/1/2004 THROUGH 10/31/2004	
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATE'S NAME ADDRESS PHONE OFFICE SOUGHT POLITICAL SUBDIVISION AND POLITICAL PARTY  CLINT ZWEIFEL 1960 ACORN TRAIL FLORISSANT MO 63031  (314) 972-1990  STATE REPRESENTATIVE DISTRICT 78  <input type="checkbox"/> CHECK IF INCUMBENT  <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15 TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input checked="" type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16 COMMITTEE TREASURER'S SIGNATURE  I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE  ELECTRONICALLY FILED Oct 25 2004 3 25PM TREASURER'S SIGNATURE	17 CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)  I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE  ELECTRONICALLY FILED Oct 25 2004 3 25PM CANDIDATE'S SIGNATURE

17 pages



**Missouri Ethics Commission**  
**REPORT SUMMARY**  
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE  
 ZWEIFEL FOR STATE  
 REPRESENTATIVE

DATE OF  
 REPORT  
 10/25/20

RECEIPTS		A THIS PERIOD	B THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1 TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 23 875 00		
2 ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 22 740 00			MONEY ON HAND	
3 ALL LOANS RECEIVED THIS PERIOD	+ \$ 0 00				
4 MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 0 00			25 MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY CASH SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 49 421 00
5 SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 22 740 00			26 MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ \$ 22,740 00
6 IN KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 100 00			27 MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	\$ 40,461 49
7 TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 22 840 00			a) Disbursements By Check \$ 10 61 49 b) Disbursements By Cash \$ 29 846 99	
8 FUNDS USED FOR REPAYING LOANS THIS PERIOD	- \$ 0 00			28 MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 + 27)	\$ 31,699 51
9 TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A + 8A)		\$ 46 715 00			
EXPENDITURES		A THIS PERIOD	B THIS ELECTION	INDEBTEDNESS	
10 TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 20 485 61		
11 EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 36 561 49				
12 IN-KIND EXPENDITURES MADE THIS PERIOD	+ \$ 0 00				
13 DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 0 00			29 OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0 00
14 TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 36 561 49			30 LOANS RECEIVED THIS PERIOD	+ \$ 0 00
15 TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 57 047 10		31 NEW DEBTS INCURRED THIS PERIOD	+ \$ 0 00
CONTRIBUTIONS MADE		A THIS PERIOD	B THIS ELECTION		
16 TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 1 200 00		
17 ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 3 900 00			32 PAYMENTS MADE ON LOANS THIS PERIOD	- \$ 0 00
18 ALL IN KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$ 0 00			33 CREDITS RECEIVED ON LOANS THIS PERIOD	- \$ 0 00
19 TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 3 900 00			34 PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	- \$ 0 00
20 TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 18A)		\$ 5 100 00		35 TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 + 32 + 33 + 34)	\$ 0 00
OTHER DISBURSEMENTS		A THIS PERIOD	B THIS ELECTION		
21 FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$ 0 00				
22 PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$ 0 00				
23 ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$ 0 00				
24 TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0 00				



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE



<b>1 NAME OF COMMITTEE</b> ZWEIFEL FOR STATE REPRESENTATIVE		<b>2 REPORT DATE</b> 10/25/2004	
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> ----- AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$ -----	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$ -----	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$ -----	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$ -----	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$ -----	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)</b>		\$ 0 00	
<b>7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES</b>		+ \$ 22 725 00	
<b>8 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)</b>		\$ 22 725 00	
<b>9 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS</b>		\$ 22 625 00	
<b>10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS</b>		\$ 100 00	
<b>B NON-ITEMIZED CONTRIBUTIONS RECEIVED</b> (LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
<b>11 TOTAL CONTRIBUTIONS RECEIVED AT FUND RAISERS AS REPORTED IN LINE 8 ON FORM CD1A</b>		\$ 0 00	
<b>12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS</b>		\$ 115 00	
<b>13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS</b>		\$ 0 00	
<b>14 TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS</b>		\$ 0 00	
<b>C LOANS RECEIVED</b>		<b>16 DATE RECEIVED</b>	<b>17 AMOUNT OF LOAN</b> (IF MORE THAN \$100 ATTACH CD 1B)
<b>15 NAME AND ADDRESS OF LENDER</b>			
NAME ADDRESS CITY / STATE			\$
NAME ADDRESS CITY / STATE			\$
<b>18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)</b>		\$ 0 00	
<b>19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES</b>		\$ 0 00	
<b>20 TOTAL LOANS THIS PERIOD (SUM 18 + 19)</b>		\$ 0 00	
<b>21 TOTAL ALL IN KIND CONTRIBUTIONS (SUM 10 + 14)</b>		\$ 100 00	
<b>22 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 &amp; 13)</b>		\$ 22,740 00	
<b>23 MONETARY CONTRIBUTIONS &amp; LOANS RECEIVED REQUIRING A RECORD OF NAME &amp; ADDRESS (SUM 9 13 &amp; 20)</b>		\$ 22 625 00	


**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 10/25/2004	
<b>INSTRUCTIONS</b>			
<b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed  Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1  If further information is needed concerning reporting itemized expenditures see Form CD-1 Instructions			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE <b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>	<b>4 DATE RECEIVED</b>  AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)	
NAME ADDRESS Phil Young CITY/STATE 509 NW Ashurst Court EMPLOYER Lee s Summit MO 64081 <input type="checkbox"/> COMMITTEE	10/7/2004  \$ 30	\$ 30 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND	
NAME ADDRESS Mary McLaughlin CITY/STATE 39 Meditation Way EMPLOYER Florissant MO 63031 <input type="checkbox"/> COMMITTEE	10/6/2004  \$ 25	\$ 25 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND	
NAME ADDRESS Mark Bruenmer CITY/STATE 7607 Walnut Acres EMPLOYER Lohman MO 63053 <input type="checkbox"/> COMMITTEE	10/7/2004  \$ 50	\$ 50 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND	
NAME ADDRESS Jim Williams CITY/STATE PO Box 50 EMPLOYER Smithville MO 64089 <input type="checkbox"/> COMMITTEE	10/7/2004  \$ 100	\$ 100 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND	
NAME ADDRESS Rich Pyglowsk CITY/STATE 544 Nalinmo EMPLOYER St Charles MO 63304 <input type="checkbox"/> COMMITTEE	10/7/2004  \$ 50	\$ 50 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND	
NAME ADDRESS Daniel Neumann CITY/STATE 631 Woodbriar Ln EMPLOYER St Peters MO 63376 <input type="checkbox"/> COMMITTEE	10/7/2004  \$ 50	\$ 50 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND	
NAME ADDRESS Mike Goebel CITY/STATE 9313 Southtowne Farms EMPLOYER St Louis MO 63123 <input type="checkbox"/> COMMITTEE	10/7/2004  \$ 300	\$ 300 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND	
NAME ADDRESS Rich Dittley CITY/STATE 325 Golden Valley Dr EMPLOYER Saint Louis MO 63129 <input type="checkbox"/> COMMITTEE	10/7/2004  \$ 300	\$ 300 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND	
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			




**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 10/25/2004
---	--------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS MU-PAC CITY/STATE PO Box 1838 EMPLOYER Columbia MO 65205 <input checked="" type="checkbox"/> COMMITTEE	10/7/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Missouri Insurance Coalition PAC CITY/STATE 220 Madison St 3rd Floor EMPLOYER Jefferson City, MO 65101 <input checked="" type="checkbox"/> COMMITTEE	10/8/2004 \$ 150	\$ 150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Missouri Chamber PAC CITY/STATE PO Box 149 EMPLOYER Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE	10/17/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Missouri Dental Hygienist PAC CITY/STATE 205 E Capital Ave Suite 100 EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE	10/10/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Missouri Time Sales Service Inc CITY/STATE 1806 Southwest Blvd EMPLOYER Jefferson City MO 65101 <input type="checkbox"/> COMMITTEE	10/10/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Cement Masons Union Local No 527 CITY/STATE 3341 Hollenberg Dr EMPLOYER Bridgeton MO 63044 <input checked="" type="checkbox"/> COMMITTEE	10/10/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Taxpayers in Support of Public Education CITY/STATE 1810 East Elm Street EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE	10/10/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Professional Fire Fighters of Eastern Missouri PAC CITY/STATE 6100 Madison Ave EMPLOYER Saint Louis MO 63134 <input checked="" type="checkbox"/> COMMITTEE	10/10/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

**TOTAL ITEMIZED CONTRIBUTIONS**

(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)


**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 10/25/2004
<b>INSTRUCTIONS</b>		
<b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.		
Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.		
If further information is needed concerning reporting itemized expenditures, see Form CD 1 Instructions.		
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE <b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>	<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
NAME ADDRESS American Family Insurance Missouri PAC CITY/STATE 4802 Mitchell Ave EMPLOYER St Joseph MO 64507 <input checked="" type="checkbox"/> COMMITTEE	10/10/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS 78th District Democratic Legislative District Committee CITY/STATE 1140 Keegan EMPLOYER Florissant MO 63031 <input checked="" type="checkbox"/> COMMITTEE	10/11/2004 \$ 3000	\$ 3 000 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Missouri Pyc PAC CITY/STATE 1705 Christy Drive EMPLOYER Suite 101 Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE	10/14/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Bricklayers Local No 1 of Missouri Truth Committee CITY/STATE 2000 Market St EMPLOYER Saint Louis MO 63103 <input checked="" type="checkbox"/> COMMITTEE	10/14/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Friedman Group LTD CITY/STATE 7010 Washington Ave EMPLOYER Saint Louis MO 63130 <input type="checkbox"/> COMMITTEE	10/14/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS International Union of Elevator Constructors Local No 3 CITY/STATE PAC Fund EMPLOYER 5916 Wilson Ave Saint Louis MO 63110 <input checked="" type="checkbox"/> COMMITTEE	10/14/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Novartis CITY/STATE One Health Plaza EMPLOYER East Hanover NJ 79361 <input type="checkbox"/> COMMITTEE	10/14/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Missouri Association of Nurse Anesthetists CITY/STATE 16141 Swingley Ridge Rd EMPLOYER Chesterfield MO 63107 <input checked="" type="checkbox"/> COMMITTEE	10/14/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b> (CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

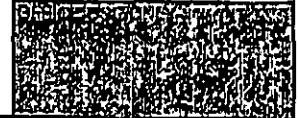
NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 10/25/2004	
<b>INSTRUCTIONS</b>			
<p><b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.</p> <p>Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.</p> <p>If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.</p>			
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS 52nd District Democratic Legislative District Committee PO Box 3314 CITY/STATE Independence MO 64055 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE		10/14/2004 \$ 3000	\$ 1 500 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Ed Sandt 619 Coachhouse CITY/STATE Hazelwood MO 63042 EMPLOYER Teamsters Local 688 <input type="checkbox"/> COMMITTEE		10/14/2005 \$ 25	\$ 25 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS American Century Services CITY/STATE 4500 Main St EMPLOYER Kansas City MO 64111 <input type="checkbox"/> COMMITTEE		10/17/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Express Scripts CITY/STATE 13900 Riverport Dr EMPLOYER Maryland Heights MO 63043 <input type="checkbox"/> COMMITTEE		10/17/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS SEIU Missouri State Council PAC CITY/STATE 2725 Clifton Ave EMPLOYER Saint Louis MO 63139 <input checked="" type="checkbox"/> COMMITTEE		10/17/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS H-PAC Missouri CITY/STATE 2700 Sanders Rd EMPLOYER Prospect Heights MO 63139 <input checked="" type="checkbox"/> COMMITTEE		10/17/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS St Louis Labor Council AFL-CIO Project 2000 CITY/STATE 1401 Hampton Ave EMPLOYER Saint Louis MO 63139 <input checked="" type="checkbox"/> COMMITTEE		10/17/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Missouri Society of Anesthesiologists PAC CITY/STATE PO 1402 EMPLOYER Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE		10/17/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>			
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			


**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 10/25/2004	
<b>INSTRUCTIONS</b>			
<p><b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.</p> <p>Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.</p> <p>If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.</p>			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> -- AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS Glaziers Local Union 513 Political Action Fund CITY/STATE 5916 Wilson Ave EMPLOYER Saint Louis MO 63110 <input checked="" type="checkbox"/> COMMITTEE		10/17/2004 \$ 150	\$ 150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Burns & McDonnell CITY/STATE 9400 Parkway EMPLOYER Kansas City MO 64114 <input type="checkbox"/> COMMITTEE		10/17/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Florissant Professional Firefighters CITY/STATE 16 Muirfield Place EMPLOYER St Charles MO 63304 <input checked="" type="checkbox"/> COMMITTEE		10/17/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Missouri Physical Therapy Association CITY/STATE 1330 YMCA Dr STE 1200 EMPLOYER Festus MO 63028 <input checked="" type="checkbox"/> COMMITTEE		10/9/2004 \$ 125	\$ 125 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Fred Weber Inc CITY/STATE 2320 Creve Coeur Mill Rd EMPLOYER Maryland MO 63043 <input checked="" type="checkbox"/> COMMITTEE		10/19/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Sally Simpson CITY/STATE 1086 Billner EMPLOYER Saint Louis MO 63147 Teamsters 688 <input type="checkbox"/> COMMITTEE		10/20/2004 \$ 50	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS First American Title of St Louis CITY/STATE 5700 Smetana Drive Suite 401 EMPLOYER Minnetonka MN 55343 <input type="checkbox"/> COMMITTEE		10/21/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Old Republic Title Company of Saint Louis CITY/STATE 7730 Forsyth Suite 100 EMPLOYER St Charles MO 63303 <input type="checkbox"/> COMMITTEE		10/21/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>			
(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			


**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 10/25/2004	
<b>INSTRUCTIONS</b>			
<p><b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed</p> <p>Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1</p> <p>If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions</p>			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS Larry Sprinkle 1507 N 17th St CITY/STATE Quincy IL 62301 EMPLOYER Teamsters 688 <input type="checkbox"/> COMMITTEE		10/21/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Jean Haase 2503 Soundview Ct CITY/STATE Florissant MO 53031 EMPLOYER <input type="checkbox"/> COMMITTEE		10/21/2004 \$ 20	\$ 20 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Thomas Merritt 2722 Deerfield Dr CITY/STATE Maryville IL 62062 EMPLOYER Teamsters <input type="checkbox"/> COMMITTEE		10/6/2004 \$ 150	\$ 150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Rockwood Labor Club CITY/STATE PO Box 31 EMPLOYER Eureka MO 63025 <input checked="" type="checkbox"/> COMMITTEE		10/7/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS IBEW Local Union 1439 PAC CITY/STATE 2121 59th St EMPLOYER St Louis MO 63110 <input checked="" type="checkbox"/> COMMITTEE		10/7/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS 38th District Legislative Committee CITY/STATE 103 NE 67th St EMPLOYER Gladstone MO 64118 <input checked="" type="checkbox"/> COMMITTEE		10/7/2004 \$ 3000	\$ 3 000 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS 8th Senatorial District Democratic Committee CITY/STATE PO Box 3314 EMPLOYER Independence MO 64055 <input checked="" type="checkbox"/> COMMITTEE		10/7/2004 \$ 1500	\$ 1 500 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS 52nd District Legislative Democratic Committee CITY/STATE PO Box 3314 EMPLOYER Independence MO 64055 <input checked="" type="checkbox"/> COMMITTEE		10/7/2004 \$ 1500	\$ 1 500 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL ITEMIZED CONTRIBUTIONS			
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)			


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


<b>NAME OF COMMITTEE</b> ZWEIFEL FOR STATE REPRESENTATIVE	<b>DATE</b> 10/25/2004
--	---------------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures, see Form CD 1 Instructions.

<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>  NAME Joseph Tiernan ADDRESS 7 Sunnymead CITY/STATE St Louis MO 63 24 EMPLOYER self employed <input type="checkbox"/> COMMITTEE	10/7/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME Villa for Representative ADDRESS 3847 Holly Hills CITY/STATE Saint Louis MO 63116 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	10/17/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME Nancy Grove ADDRESS 7 Sunnymead CITY/STATE Saint Louis MO 63124 EMPLOYER attorney <input type="checkbox"/> COMMITTEE	10/7/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME Missouri Union of Law Enforcement ADDRESS 5976 Howdershell Rd CITY/STATE Su to 109 EMPLOYER Hazelwood MO 63042 <input checked="" type="checkbox"/> COMMITTEE	10/1/2004 \$ 200	\$ 100 00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN KIND
NAME Builders Assn PAC K C Chapter Assoc General ADDRESS Contractors of America CITY/STATE 632 W 39th St EMPLOYER Kansas City MO 64111 <input checked="" type="checkbox"/> COMMITTEE	10/7/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME Missouri AFL-CIO COPE ADDRESS 227 Jefferson Street CITY/STATE Jefferson City MO 65101 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	10/7/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME Gallop Johnson & Neuman LLC ADDRESS 101 S Hanley CITY/STATE St Louis MO 63105 EMPLOYER <input type="checkbox"/> COMMITTEE	10/7/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME Blue Cross Blue Shield of Missouri ADDRESS PO Box 5035 CITY/STATE Thousand Oaks CA 91359 EMPLOYER <input type="checkbox"/> COMMITTEE	10/7/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL ITEMIZED CONTRIBUTIONS**

---

(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 10/25/2004	
<b>INSTRUCTIONS</b>			
<b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed  Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1  If further information is needed concerning reporting itemized expenditures, see Form CD 1 Instructions			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> ----- AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS Precision Printing & Packaging CITY/STATE 801 Alfred Thun Road EMPLOYER Clarksville TN 37040 <input type="checkbox"/> COMMITTEE		10/7/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Metal Container Corporation CITY/STATE 3636 S Geyer Rd EMPLOYER Saint Louis MO 63127 <input type="checkbox"/> COMMITTEE		10/7/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Pfizer CITY/STATE 7300 W 110th Street 7th floor EMPLOYER Overland Park KS 66210 <input type="checkbox"/> COMMITTEE		10/7/2004 \$ 150	\$ 150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Site Improvement Association PAC CITY/STATE 12131 Dorsett Rd EMPLOYER Maryland Heights MO 63043 <input checked="" type="checkbox"/> COMMITTEE		10/7/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Teamsters Local Union No 41 PAF CITY/STATE 4501 Emanuel Cleaver II Blvd EMPLOYER Kansas City MO 64130 <input checked="" type="checkbox"/> COMMITTEE		10/7/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Teamsters Local 610 PAC CITY/STATE 11472 Schenk Drive EMPLOYER Maryland Heights MO 63043 <input checked="" type="checkbox"/> COMMITTEE		10/7/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Teamsters Local 682 PAC CITY/STATE 5730 Elizabeth Ave EMPLOYER Saint Louis, MO 63110 <input checked="" type="checkbox"/> COMMITTEE		10/7/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Teamsters Local 600 Drive Fund CITY/STATE 9041 Riverview Drive EMPLOYER Saint Louis MO 63137 <input checked="" type="checkbox"/> COMMITTEE		10/7/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>		--	
(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)			


**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 10/25/2004
---	--------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed

Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME ADDRESS Teamsters Local Union 688 Political Action Committee 300 S Grand Blvd CITY / STATE Saint Louis MO 63103 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	10/7/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Jim Koberl 4094 Highway UU CITY / STATE Miller MO 65707 EMPLOYER Teamsters Local 245 <input type="checkbox"/> COMMITTEE	10/7/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL ITEMIZED CONTRIBUTIONS (CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES* ON FORM CD 1)		\$ --





**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 INSTRUCTIONS ON REVERSE SIDE

<b>1 NAME OF COMMITTEE</b> ZWEIFEL FOR STATE REPRESENTATIVE		<b>2 REPORT DATE</b> 10/25/2004	
<b>A EXPENDITURES OF \$100 OR LESS BY CATEGORY</b> (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)			<b>4 AMOUNT PAID OR INCURRED THIS PERIOD</b>
<b>3 CATEGORY OF EXPENDITURE</b> View Supplemental Form(s)			\$
			\$
<b>5 SUBTOTAL NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)</b>			\$ 0 00
<b>6 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGES</b>			+ \$ 247 03
<b>7 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)</b>			\$ 247 03
<b>B ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>		<b>9 DATE</b>	<b>10 PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)</b>
<b>8 NAME AND ADDRESS OF RECIPIENT</b>			<b>11 AMOUNT THIS PERIOD</b>
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS View Supplemental Form(s)			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
<b>12 SUBTOTAL THIS PAGE (SUM COLUMN 11)</b>			\$ 0 00
<b>13 SUBTOTAL ANY ATTACHED PAGES</b>			+ \$ 36 314 46
<b>14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)</b>			\$ 36 314 46
<b>15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)</b>			\$ 36 561 49
<b>16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD</b>			\$ 36 561 49
<b>17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD</b>			\$
<b>18 IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD LIST AMOUNT</b>			\$ 0 00
<b>19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)</b>			\$ 0 00
<b>C MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)</b>		<b>21 DATE</b>	<b>22 AMOUNT</b>
<b>20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE</b>			
NAME			
ADDRESS View Supplemental Form(s)			
CITY / STATE			\$
NAME			
ADDRESS			
CITY / STATE			\$
NAME			
ADDRESS			
CITY / STATE			\$
<b>23 SUBTOTAL THIS PAGE (SUM COLUMN 22)</b>			\$ 0 00
<b>24 SUBTOTAL ANY ATTACHED PAGES</b>			+ \$ 3 900 00
<b>25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)</b>			\$ 3 900 00
<b>26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT</b>			\$ 0 00
<b>27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)</b>			\$ 3 900 00
<b>28 IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT</b>			\$ 0 00



**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES OF \$100 OR LESS BY CATEGORY - SUPPLEMENTAL FORM**



NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 10/25/2004
<b>EXPENDITURES OF \$100 OR LESS BY CATEGORY</b> (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B) CATEGORY OF EXPENDITURE		AMOUNT PAID OR INCURRED THIS PERIOD
postage		\$ 13 50
food for volunteers		\$ 202 47
office supplies		\$ 21 11
internet banking maintance fee		\$ 9 95
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL ITEMIZED EXPENDITURES THIS PAGE		
(CARRY TO ITEM 13 "SUBTOTAL ANY ATTACHED PAGES" ON FORM CD 3)		\$ --



**MISSOURI ETHICS COMMISSION**  
**ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM**



NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		REPORT DATE 10/25/2004	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME AND ADDRESS OF RECIPIENT		DATE	
NAME Bates Neimand ADDRESS 1025 Vermont Ave CITY/STATE Washington DC 20005	10/1/2004	mail consulting \$ 33 581 45	\$ <input checked="" type="checkbox"/> PAID 19 940 91 <input type="checkbox"/> INCURRED
NAME SBC ADDRESS PO Box 930170 CITY/STATE Dallas TX	10/11/2004	phones \$ 310 53	\$ <input checked="" type="checkbox"/> PAID 155 27 <input type="checkbox"/> INCURRED
NAME Effingers ADDRESS 12703 Pennridge Drive CITY/STATE Bridgeton MO	10/11/2004	printing costs \$ 212 08	\$ <input checked="" type="checkbox"/> PAID 212 08 <input type="checkbox"/> INCURRED
NAME US Postal Service ADDRESS 1550 Shackelford Rd CITY/STATE Florissant MO 63031	10/12/2004	postage \$ 1 229 65	\$ <input checked="" type="checkbox"/> PAID 1 229 65 <input type="checkbox"/> INCURRED
NAME Bates Neimand ADDRESS 1025 Vermont Ave CITY/STATE Washington DC 2005	10/12/2004	mail consulting \$ 44 011 45	\$ <input checked="" type="checkbox"/> PAID 10 430 00 <input type="checkbox"/> INCURRED
NAME Melissa Threadgill ADDRESS 3330 Cherry Valley Rd CITY/STATE Allegany NY 14706	10/15/2004	campaign consul \$ 4 400 00	\$ <input checked="" type="checkbox"/> PAID 1 100 00 <input type="checkbox"/> INCURRED
NAME Cingular Wireless ADDRESS Post Office Box 650553 CITY/STATE Dallas TX	10/19/2004	phones \$ 450 00	\$ <input checked="" type="checkbox"/> PAID 250 00 <input type="checkbox"/> INCURRED
NAME St Louis Labor Tribune ADDRESS 505 S Ewing Ave CITY/STATE Saint Louis MO 63031	10/15/2004	newspaper ad \$ 214 00	\$ <input checked="" type="checkbox"/> PAID 214 00 <input type="checkbox"/> INCURRED
NAME Corey Srhaaf ADDRESS 149 F Cumberland Park CITY/STATE Ballwin MO	10/15/2004	mail design \$ 276 00	\$ <input checked="" type="checkbox"/> PAID 276 00 <input type="checkbox"/> INCURRED
NAME LSG Strategies ADDRESS 2120 L Street Washington DC 20037 CITY/STATE	10/19/2004	GOTV phoning \$ 2 310 00	\$ <input checked="" type="checkbox"/> PAID 2 310 00 <input type="checkbox"/> INCURRED
NAME US Postal Service ADDRESS 1550 Shackelford Rd CITY/STATE Florissant, MO 63031	10/20/2004	postage \$ 1 426 20	\$ <input checked="" type="checkbox"/> PAID 196 55 <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM #3 "SUBTOTAL ANY ATTACHED PAGES ON FORM CD-3)			\$


**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS MADE SUPPLEMENTAL FORM**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 10/25/2004
<b>MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)</b>		
NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	DATE	AMOUNT
NAME Committee to Elect Boyce A Whooley ADDRESS 714 N TWO MILE RD CITY/STATE DEXTER MO 63841	10/12/2004	\$ 300 00
NAME Citizens to Elect Terry Witte ADDRESS 100 S MAIN CITY/STATE VANDALIA MO 63382	10/20/2004	\$ 300 00
NAME Committee to Elect Jason Grill ADDRESS 5555 NW BARRY ROAD, SUITE A CITY/STATE KANSAS CITY MO 64154	10/12/2004	\$ 300 00
NAME Missouri Democratic Party ADDRESS P O Box 719 208 Madison Street CITY/STATE Jefferson City MO 65102	10/20/2004	\$ 3 000 00
NAME ADDRESS CITY/STATE		\$
NAME ADDRESS CITY/STATE		\$
NAME ADDRESS CITY/STATE		\$
NAME ADDRESS CITY/STATE		\$
NAME ADDRESS CITY/STATE		\$
NAME ADDRESS CITY/STATE		\$
NAME ADDRESS CITY/STATE		\$
NAME ADDRESS CITY/STATE		\$
NAME ADDRESS CITY/STATE		\$
TOTAL ITEMIZED MONETARY CONTRIBUTIONS MADE THIS PAGE (CARRY TO ITEM 25 "SUBTOTAL ANY ATTACHED PAGES ON FORM CD-3)		\$ --


**MISSOURI ETHICS COMMISSION  
INDEPENDENT CONTRACTOR EXPENDITURE**

INSTRUCTIONS ON REVERSE SIDE



NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE			DATE 10/25/2004	
ITEMIZED EXPENDITURES ON PAYMENT TO INDEPENDENT CONTRACTOR (NAME AND ADDRESS OF RECIPIENT)	DATE	DESCRIPTION OF SERVICES RENDERED	PRO-RATED COST FOR SERVICE	TOTAL AMOUNT PAID
Melissa Threadgill 3330 Cherry Valley Rd Allegany NY 14706	10/1/2004	campaign consulting	\$ 1 100 00	\$ 1 100 00
Bates Nelmand 1025 Vermont Ave Washington, DC 20005	10/1/2004	mail consulting & production	\$ 0 00	\$ 30,370 91
Corey Schaaf 149 F Cumberland Park Ballwin MO	10/20/2004	literature design	\$ 276 00	\$ 276 00
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
SUBTOTAL THIS PAGE →				\$ 31 746 91



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

MEC ID NO C010402

1 DATE OF REPORT	OFFICE USE ONLY
10/15/2004	

INSTRUCTIONS ON REVERSE SIDE

2 FULL NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	
3 COMMITTEE MAILING ADDRESS 1960 ACORN TRAIL DRIVE CITY / STATE / ZIP FLORISSANT MO 63031	4 COMMITTEE TELEPHONE NUMBER (314) 972 1990
5 TREASURER'S NAME JANICE SMITH	
6 TREASURER'S MAILING ADDRESS 1960 ACORN TRAIL DRIVE CITY / STATE / ZIP FLORISSANT MO 63031	7 TREASURER'S TELEPHONE NUMBER HOME (314) 972-1990 WORK (314) 731-3969
8 DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9 DEPUTY TREASURER'S MAILING ADDRESS	10 DEPUTY TREASURER'S TELEPHONE NUMBER HOME WORK
11 DATE OF ELECTION 11/2/2004	12 TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13 TIME PERIOD COVERED BY THIS STATEMENT FROM 8/29/2004 THROUGH 9/30/2004	
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATE'S NAME ADDRESS PHONE OFFICE SOUGHT POLITICAL SUBDIVISION AND POLITICAL PARTY CLINT ZWEIFEL 1960 ACORN TRAIL FLORISSANT MO 63031 (314) 972-1990 STATE REPRESENTATIVE DISTRICT 78  <input type="checkbox"/> CHECK IF INCUMBENT  <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15 TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input checked="" type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____ 20__
16 COMMITTEE TREASURER'S SIGNATURE  I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE  ELECTRONICALLY FILED Oct 15 2004 2 39PM TREASURER'S SIGNATURE	17 CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)  I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE  ELECTRONICALLY FILED Oct 15 2004 2 39PM CANDIDATE'S SIGNATURE

20 pages



**Missouri Ethics Commission**  
**REPORT SUMMARY**  
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE  
**ZWEIFEL FOR STATE  
 REPRESENTATIVE**

DATE OF  
 REPORT  
 10/15/20

RECEIPTS		A. THIS PERIOD	B THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION		
1	TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0 00			
2	ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 24 075 00		MONEY ON HAND		
3	ALL LOANS RECEIVED THIS PERIOD	+ \$ 0 00				
4	MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 0 00				
5	SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 24 075 00		25	MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY CASH SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 47,331 61
6	IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 100 00		26	MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ \$ 24,075 00
7	TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 24 175 00		27	MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24 )	\$ 21 685 61
8	FUNDS USED FOR REPAYING LOANS THIS PERIOD	- \$ 0 00		a) Disbursements By Check \$ 21 685 61 b) Disbursements By Cash \$ 0 00		
9	TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A 8A)	\$ 24 175 00		28	MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 26 27)	\$ 49,721 00
EXPENDITURES		A THIS PERIOD	B THIS ELECTION	INDEBTEDNESS		
10	TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0 00			
11	EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 20 485 61				
12	IN-KIND EXPENDITURES MADE THIS PERIOD	+ \$ 0 00				
13	DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 0 00				
14	TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 20 685 61		29	OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0 00
15	TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)	\$ 20 485 61		30	LOANS RECEIVED THIS PERIOD	+ \$ 0.00
CONTRIBUTIONS MADE		A THIS PERIOD	B THIS ELECTION			
16	TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0 00	31	NEW DEBTS INCURRED THIS PERIOD	+ \$ 0 00
17	ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 1 200 00		32	PAYMENTS MADE ON LOANS THIS PERIOD	\$ 0 00
18	ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$ 0 00		33	CREDITS RECEIVED ON LOANS THIS PERIOD	\$ 0 00
19	TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 1 200 00		34	PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	\$ 0 00
20	TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 18A)	\$ 1 200 00		35	TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 30 31 32 33 34)	\$ 0 00
OTHER DISBURSEMENTS		A. THIS PERIOD	B THIS ELECTION			
21	FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$ 0 00				
22	PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$ 0 00				
23	ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$ 0 00				
24	TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0 00				



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE



1 NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		2 REPORT DATE 10/15/2004	
A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
View Supplemental Form(s)			
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0 00	
7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 24 175 00	
8 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 24 175 00	
9 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 24 075 00	
10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN KIND CONTRIBUTIONS		\$ 100 00	
B NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11 TOTAL CONTRIBUTIONS RECEIVED AT FUND RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0 00	
12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0 00	
13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0 00	
14 TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0 00	
C LOANS RECEIVED		17 AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH GP 18)	
15 NAME AND ADDRESS OF LENDER		16 DATE RECEIVED	
NAME ADDRESS CITY / STATE			\$
NAME ADDRESS CITY / STATE			\$
18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)		\$ 0 00	
19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES		\$ 0 00	
20 TOTAL LOANS THIS PERIOD (SUM 18 + 19)		\$ 0 00	
21 TOTAL ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 100 00	
22 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 & 13)		\$ 24,075 00	
23 MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9 13 & 20)		\$ 24 075 00	




**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 10/15/2004	
<b>INSTRUCTIONS</b>			
<b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed  Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1  If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS MATA PAC- Eastern Missouri CITY/STATE PO Box 1792 EMPLOYER Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE		9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Gary Robb CITY/STATE 5550 Wald Parkway EMPLOYER Kansas City MO 64113 attorney <input type="checkbox"/> COMMITTEE		9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Laborers Union Local No 718 Voluntary Political Fund CITY/STATE PO Box 132 EMPLOYER De Soto MO 63020 <input checked="" type="checkbox"/> COMMITTEE		9/25/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS AMBCPAC CITY/STATE 2722 E McCarty EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE		9/25/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Aerospace Lodge 837 IAMAW PAC CITY/STATE 212 Utz Ln EMPLOYER Hazelwood MO 63042 <input checked="" type="checkbox"/> COMMITTEE		9/25/2004 \$ 75	\$ 75 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Missouri Corrections Officers Assoc CITY/STATE 1103 R Southwest Blvd EMPLOYER Jefferson City MO 65109 <input checked="" type="checkbox"/> COMMITTEE		9/25/2004 \$ 150	\$ 150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Quarry Workers Local Union No 829 Voluntary Political Fund CITY/STATE 380 Market Street EMPLOYER Ste Genevieve MO <input checked="" type="checkbox"/> COMMITTEE		9/27/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Sheet Metal Workers Local 36 Political Education Account CITY/STATE 301 S Swing EMPLOYER Saint Louis MO 63103 <input checked="" type="checkbox"/> COMMITTEE		9/27/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
TOTAL ITEMIZED CONTRIBUTIONS		<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">--</div>	
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

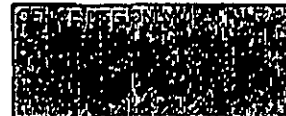

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 10/15/2004	
<b>INSTRUCTIONS</b>			
<p><b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.</p> <p>Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.</p> <p>If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.</p>			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS MBA Ozark Region CITY/STATE 207 E Capitol Ave EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE		9/29/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS DC Inc CITY/STATE 895 Boger Ct EMPLOYER Fenton MO 63026 <input checked="" type="checkbox"/> COMMITTEE		9/29/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS LPC Inc CITY/STATE 350 North Valley Dell Dr EMPLOYER Fenton MO 63026 <input checked="" type="checkbox"/> COMMITTEE		9/29/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Separate Segregated Fund Carpenters Local Union No 61 CITY/STATE 625 W 39th Suite 100 EMPLOYER Kansas City MO 64111 <input checked="" type="checkbox"/> COMMITTEE		9/29/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Machinist District #9 PAC CITY/STATE 12365 St Charles Rock Rd EMPLOYER Bridgeton MO 63044 <input checked="" type="checkbox"/> COMMITTEE		9/29/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Julia Lamborn CITY/STATE 753 Lamplight Ln EMPLOYER Hazelwood MO 63042 MISSOURIANS FOR SINGLE PAYER HEALTHCARE REFORM <input type="checkbox"/> COMMITTEE		9/29/2004 \$ 50	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Charles Vogel CITY/STATE 15 Moreclair Dr EMPLOYER Florissant MO 63031 FERGUSON OPTICAL <input type="checkbox"/> COMMITTEE		9/29/2004 \$ 150	\$ 150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Teamsters Local Union No 541 CITY/STATE 4501 Van Brunt Blvd EMPLOYER Kansas City MO 64130 <input checked="" type="checkbox"/> COMMITTEE		9/29/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL ITEMIZED CONTRIBUTIONS			
(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 10/15/2004	
<b>INSTRUCTIONS</b>			
<b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.			
Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.			
If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.			
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b>		<b>4 DATE RECEIVED</b>	<b>5 AMOUNT RECEIVED</b>
FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		AGGREGATE TO DATE	(CHECK IF MONETARY OR IN-KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS Missouri State Chiropractors Assoc CITY/STATE 220 E Dunklin St EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE		9/29/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Missouri Union of Law Enforcement CITY/STATE 5976 Howdershell Rd Suite 109 EMPLOYER Hazelwood MO 63031 <input checked="" type="checkbox"/> COMMITTEE		9/1/2004 \$ 100	\$ 100 00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME ADDRESS Health PAC CITY/STATE PO Box 60 EMPLOYER Jefferson City MO <input checked="" type="checkbox"/> COMMITTEE		8/30/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Katherine Egan CITY/STATE 926 Jefferson #107 EMPLOYER Kansas City MO 64105 Felly Theater <input type="checkbox"/> COMMITTEE		8/30/2004 \$ 75	\$ 75 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Regina Robinson CITY/STATE One University Blvd Saint Louis MO 63121 EMPLOYER CORD Fellowship Program <input type="checkbox"/> COMMITTEE		8/30/2004 \$ 25	\$ 25 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Laura Cohen CITY/STATE 4128 W Pine Blvd St Louis MO 63108 EMPLOYER Trail Net <input type="checkbox"/> COMMITTEE		9/1/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Missouri Gaming Company CITY/STATE 777 NW Argosy Parkway EMPLOYER Riverside MO 64150 <input type="checkbox"/> COMMITTEE		9/1/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS North County Labor Legislative Club CITY/STATE 7808 Winward Dr EMPLOYER Saint Louis MO 63121 <input checked="" type="checkbox"/> COMMITTEE		9/1/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>		--	
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)			


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 10/15/2004	
<b>INSTRUCTIONS</b>			
<b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.			
Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1			
If further information is needed concerning reporting itemized expenditures see Form CD-1 Instructions			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b>		<b>4 DATE RECEIVED</b>	<b>5 AMOUNT RECEIVED</b>
FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		--AGGREGATE TO--	(CHECK IF MONETARY OR IN KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>		DATE	
NAME ADDRESS Laborers International Union of North America AFL-CIO CITY/STATE Local 53 EMPLOYER 12891 Pennridge Dr Saint Louis MO 63044 <input checked="" type="checkbox"/> COMMITTEE		9/5/2004  \$ 300	\$ 300 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Patricia & AJ Fontana CITY/STATE 640 Hazelvalley Dr EMPLOYER Hazelwood MO 63042 <input type="checkbox"/> COMMITTEE		9/5/2004  \$ 20	\$ 20 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Committee to Elect Vicki Walker CITY/STATE 9826 James A Reed Rd EMPLOYER Kansas City MO 64134 <input checked="" type="checkbox"/> COMMITTEE		9/5/2004  \$ 100	\$ 100 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Charles Zweifel CITY/STATE 1962 Croftdale Dr EMPLOYER Florissant MO 63031 Carpenter <input type="checkbox"/> COMMITTEE		9/5/2004  \$ 300	\$ 300 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Brenda Zweifel CITY/STATE 1962 Croftdale Dr EMPLOYER Florissant MO 63031 hair stylist <input type="checkbox"/> COMMITTEE		9/5/2004  \$ 300	\$ 300 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Larry Tinker CITY/STATE 4206 Dunn Rd EMPLOYER Hazelwood MO 63042 retired <input type="checkbox"/> COMMITTEE		9/5/2004  \$ 50	\$ 50 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CWA District 6 Political Education Committee CITY/STATE 10820 Sunset Office Dr St 101 EMPLOYER Saint Louis MO 63127 <input checked="" type="checkbox"/> COMMITTEE		9/5/2004  \$ 300	\$ 300 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS United Un on Lt Roofers Waterproofers and Allied Workers CITY/STATE Political Education and Legislative Fund EMPLOYER 6301 Rockhill Rd Ste 420 Kansas City MO 64131 <input checked="" type="checkbox"/> COMMITTEE		9/5/2004  \$ 300	\$ 300 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
TOTAL ITEMIZED CONTRIBUTIONS		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			


**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 10/15/2004
---	--------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS Teamsters Local Union 618 CITY/STATE 300 S Grand Blvd EMPLOYER Saint Louis MO 63108 <input checked="" type="checkbox"/> COMMITTEE	9/5/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Brewers and Maltsters Benevolent Association CITY/STATE 3650 Wisconsin Ave EMPLOYER Saint Louis MO 63118 <input checked="" type="checkbox"/> COMMITTEE	9/5/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Teamsters Union No 795 DRIVE PAC CITY/STATE 4921 Cessna EMPLOYER Wichita KS 67210 <input checked="" type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS LOMBDA PAC CITY/STATE PO Box 195 EMPLOYER Sunrise Beach MO 65079 <input checked="" type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS 77th State Representative Dist at Democratic Committee CITY/STATE 3427 St Mark St EMPLOYER St Ann MO 63074 <input checked="" type="checkbox"/> COMMITTEE	9/11/2004 \$ 500	\$ 500 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Gas Workers Local 5-6 Voluntary Political Action Committee CITY/STATE 7750 Olive Blvd EMPLOYER Saint Louis MO 63130 <input checked="" type="checkbox"/> COMMITTEE	9/11/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS MATA PAC CITY/STATE PO BOX 1792 EMPLOYER Jefferson City, MO 65102 <input checked="" type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Southwestern Bell Missouri Employees Political Action CITY/STATE Committee One Bell Center EMPLOYER Saint Louis MO 63101 <input checked="" type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)


**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 10/15/2004	
<b>INSTRUCTIONS</b>			
<b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed  Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1  If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions			
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b>		<b>4 DATE RECEIVED</b>	<b>5 AMOUNT RECEIVED</b>
FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		-- AGGREGATE TO --	(CHECK IF MONETARY OR IN-KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>		DATE	
NAME			
ADDRESS			
CITY/STATE			
EMPLOYER			
<input checked="" type="checkbox"/> COMMITTEE		\$ 300	<input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME			
ADDRESS			
CITY/STATE			
EMPLOYER			
<input checked="" type="checkbox"/> COMMITTEE		\$ 300	<input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME			
ADDRESS			
CITY/STATE			
EMPLOYER			
<input type="checkbox"/> COMMITTEE		\$ 75	<input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME			
ADDRESS			
CITY/STATE			
EMPLOYER			
<input checked="" type="checkbox"/> COMMITTEE		\$ 300	<input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME			
ADDRESS			
CITY/STATE			
EMPLOYER			
<input checked="" type="checkbox"/> COMMITTEE		\$ 300	<input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME			
ADDRESS			
CITY/STATE			
EMPLOYER			
<input checked="" type="checkbox"/> COMMITTEE		\$ 300	<input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME			
ADDRESS			
CITY/STATE			
EMPLOYER			
<input type="checkbox"/> COMMITTEE		\$ 100	<input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME			
ADDRESS			
CITY/STATE			
EMPLOYER			
<input type="checkbox"/> COMMITTEE		\$ 300	<input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME			
ADDRESS			
CITY/STATE			
EMPLOYER			
<input checked="" type="checkbox"/> COMMITTEE		\$ 300	<input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b> <div style="float: right; border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>			
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			



# MISSOURI ETHICS COMMISSION

## CONTRIBUTIONS RECEIVED SUPPLEMENTAL



NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 10/15/2004
---	--------------------

### INSTRUCTIONS

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS Operating Engineers Local 148 MO PAC CITY/STATE 148 Wilma Dr EMPLOYER Saint Louis MO 62062 <input checked="" type="checkbox"/> COMMITTEE	9/9/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Laborers Local No 42 PAC CITY/STATE 3710 Enright Ave EMPLOYER Saint Louis MO 63108 <input checked="" type="checkbox"/> COMMITTEE	9/9/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Realtors Political Action Committee-Missouri CITY/STATE PO Box 30635 EMPLOYER Columbia MO 65205 <input checked="" type="checkbox"/> COMMITTEE	9/17/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Missouri Concrete Association Political Action Committee CITY/STATE PO Box 392 EMPLOYER Jefferson City MO 65 02 <input checked="" type="checkbox"/> COMMITTEE	9/20/2004 \$ 250	\$ 250 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Missouri Consumer Lenders CITY/STATE PO Box 1072 EMPLOYER Jefferson City MO 65102 <input type="checkbox"/> COMMITTEE	9/20/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS International Union of Operating Engineers Local 2 CITY/STATE Voluntary Political Act on Fund EMPLOYER 2929 S Jefferson Ave Saint Louis MO 63118 <input checked="" type="checkbox"/> COMMITTEE	9/20/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS The Chartock Living Trust CITY/STATE 532 Midvale Ave EMPLOYER University City MO 63130 <input type="checkbox"/> COMMITTEE	9/21/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS William Karabas CITY/STATE 2332 Lamadera EMPLOYER Florissant MO 63031 police chief <input type="checkbox"/> COMMITTEE	9/21/2004 \$ 25	\$ 25 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL ITEMIZED CONTRIBUTIONS		--
(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)		


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 10/15/2004
<b>INSTRUCTIONS</b>		
<b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed  Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1  If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions		
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE <b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>	<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
NAME ADDRESS Missouri School Administrators PAC CITY/STATE 398 Dix Rd Suite 201 EMPLOYER Jefferson City MO 65109 <input checked="" type="checkbox"/> COMMITTEE	9/21/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS AT&T PAC - Missouri/Kansas CITY/STATE 101 W McCarty Street EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE	9/22/2004 \$ 250	\$ 250 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS James Cooper CITY/STATE 808 Bricken Place EMPLOYER Saint Louis MO 63122 MEDICAL DIRECTOR LHI <input type="checkbox"/> COMMITTEE	9/22/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Howell Chiropractic Health Center PC CITY/STATE 490 Howdershell Rd EMPLOYER Florissant MO 63031 <input type="checkbox"/> COMMITTEE	9/22/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Sprinkler Fitters Political Education and Legislative Committee CITY/STATE 1710 S Broadway EMPLOYER Saint Louis MO 63104 <input checked="" type="checkbox"/> COMMITTEE	9/22/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Heat & Frost Insulators & Asbestos Workers Local No 1 CITY/STATE 3325 Hollenberg Dr EMPLOYER Bridgeton MO 63044 <input checked="" type="checkbox"/> COMMITTEE	9/22/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Blue Cross and Blue Shield of Kansas City PAC for Missouri CITY/STATE One Porshing Square EMPLOYER Kansas City MO 64108 <input checked="" type="checkbox"/> COMMITTEE	9/22/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Mary Sievert CITY/STATE 6326 Alaska EMPLOYER Saint Louis MO 63111 <input type="checkbox"/> COMMITTEE	9/22/2004 \$ 30	\$ 30 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>		--
(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)		





# MISSOURI ETHICS COMMISSION

## CONTRIBUTIONS RECEIVED SUPPLEMENTAL

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 10/15/2004
---	--------------------

### INSTRUCTIONS

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED - AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS Missouri Petroleum Marketers and Convenience Store Assn PAC CITY/STATE 205 F Capital Ave EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE	9/23/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Missouri Medical Political Action Committee CITY/STATE PO Box 1402 EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE	9/23/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS United Steel Workers of America Eastern Missouri Steel Counsel Fund CITY/STATE 3362 Hollenberg Dr EMPLOYER Bridgeton MO 63044 <input checked="" type="checkbox"/> COMMITTEE	9/27/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Credit Union PAC CITY/STATE 2055 Craigshire Dr EMPLOYER Saint Louis MO 63146 <input checked="" type="checkbox"/> COMMITTEE	9/27/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS AGC of St Louis PAC CITY/STATE 6330 Knox Industrial EMPLOYER Saint Louis MO 63139 <input checked="" type="checkbox"/> COMMITTEE	9/28/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS National Electrical Cont Assn Saint Louis CITY/STATE 3425 Hampton Ave EMPLOYER Saint Louis MO 63139 <input checked="" type="checkbox"/> COMMITTEE	9/29/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Missouri Drive Fund CITY/STATE 1850 E Division St EMPLOYER Springfield MO 65803 <input checked="" type="checkbox"/> COMMITTEE	9/29/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Missouri Corrections Officers Assoc CITY/STATE 1103 R Southwest Blvd EMPLOYER Jefferson City MO 65109 <input checked="" type="checkbox"/> COMMITTEE	9/29/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 10/15/2004
---	--------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED ----- AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS MBA Gateway Region PAC CITY/STATE 207 E Capitol Ave EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE	9/29/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS MBA Capitol Region PAC CITY/STATE 207 E Capitol Ave EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE	9/29/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Anita Robb CITY/STATE 5550 Ward Parkway EMPLOYER Kansas City MO 64113 attorney <input type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Robert Emison CITY/STATE 307 W 34th St EMPLOYER Higginsville MO 64037 attorney <input type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Langdon & Emison CITY/STATE 911 Main Street EMPLOYER Lexington MO 64067 <input type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Robert Palmer CITY/STATE 205 Park Central E Ste 511 EMPLOYER Springfield MO 65806 attorney <input type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS The Law Offices of Robert Palmer CITY/STATE 205 Park Central E Ste 511 EMPLOYER Springfield MO 65806 <input type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Hershewe Law Firm PC CITY/STATE 431 Virginia EMPLOYER Joplin MO 64801 <input type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

**TOTAL ITEMIZED CONTRIBUTIONS**

(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 10/15/2004
---	--------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed

Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS ELECT Political Fund UFCW CITY/STATE 300 Weidman Rd EMPLOYER Ballwin MO 63011 <input checked="" type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Missouri NEA-PAC CITY/STATE 1810 East Elm St EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Local 124 Voluntary Political Fund CITY/STATE 301 E 103rd Terrace EMPLOYER Kansas City MO 64114 <input checked="" type="checkbox"/> COMMITTEE	9/15/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Boilermakers Local 27 Voluntary Fund CITY/STATE 1547 S Broadway EMPLOYER Saint Louis MO 63104 <input checked="" type="checkbox"/> COMMITTEE	9/15/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS QuikTrip Corporation CITY/STATE 4705 S 129th E Ave EMPLOYER Tulsa OK 74134 <input type="checkbox"/> COMMITTEE	9/15/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS MO Cable PAC CITY/STATE 4700 Little Blue Parkway EMPLOYER Independence MO 64057 <input checked="" type="checkbox"/> COMMITTEE	9/15/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS House Capital Demos Inner Circle CITY/STATE PO Box 832 EMPLOYER Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE	9/15/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Aventis Pharmaceuticals Inc CITY/STATE PO Box 6944 EMPLOYER Bridgewater NJ 88071 <input type="checkbox"/> COMMITTEE	9/15/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL ITEMIZED CONTRIBUTIONS		--
(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)		


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 10/15/2004
---	--------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD-1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures, see Form CD 1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS Missouri Association of Municipal Utilities CITY/STATE 2407 W Ash EMPLOYER Columbia MO 65203 <input checked="" type="checkbox"/> COMMITTEE	9/15/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Harrah s Operating Company Inc CITY/STATE 1023 Cherry Rd EMPLOYER Memphis TN 38117 <input type="checkbox"/> COMMITTEE	9/15/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Laborers International Union of North America (Laborers Local 110) CITY/STATE 11000 Lin Valle Rd EMPLOYER Saint Louis MO 63123 <input checked="" type="checkbox"/> COMMITTEE	9/15/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Joann Stephan CITY/STATE 1404 Drayton Ave EMPLOYER Saint Louis Mo 63119 Chapel/Administrator <input type="checkbox"/> COMMITTEE	9/16/2004 \$ 150	\$ 150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS St Louis Carpenters Credit Union CITY/STATE 1401 Ave Rm 152 EMPLOYER Saint Louis MO 63139 <input checked="" type="checkbox"/> COMMITTEE	9/16/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Missouri State UAW PAC CITY/STATE 721 Dunn Rd EMPLOYER Hazelwood MO 63042 <input checked="" type="checkbox"/> COMMITTEE	9/16/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Teamsters Joint Council 13 DRIVE Political Fund CITY/STATE 9041 Riverview Dr EMPLOYER Saint Louis MO 63137 <input checked="" type="checkbox"/> COMMITTEE	9/16/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Missouri State Council Fire Fighters PAC CITY/STATE 6320 Manchester Ave EMPLOYER Kansas City MO 64133 <input checked="" type="checkbox"/> COMMITTEE	9/16/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 10/15/2004
---	--------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED "AGGREGATE TO DATE"	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME ADDRESS Bent-Wood Incorporated CITY / STATE 1501 Charbonier Rd EMPLOYER Florissant MO 63031 <input type="checkbox"/> COMMITTEE	9/23/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS PAN-M Political Action For Nurses in Missouri CITY / STATE PO Box 105228 EMPLOYER Jefferson City MO 65110 <input checked="" type="checkbox"/> COMMITTEE	9/25/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

**TOTAL ITEMIZED CONTRIBUTIONS**

(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)

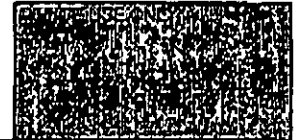


**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 INSTRUCTIONS ON REVERSE SIDE

1 NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		2 REPORT DATE 10/15/2004	
A EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)			4 AMOUNT PAID OR INCURRED THIS PERIOD
3 CATEGORY OF EXPENDITURE View Supplemental Form(s)			\$
5 SUBTOTAL NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$ 0 00
6 SUBTOTAL NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+ \$ 188 45
7 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$ 188 45
B ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		9 DATE	10 PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)
8 NAME AND ADDRESS OF RECIPIENT			11 AMOUNT THIS PERIOD
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS View Supplemental Form(s)			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
12 SUBTOTAL THIS PAGE (SUM COLUMN 11)			\$ 0 00
13 SUBTOTAL ANY ATTACHED PAGES			+ \$ 20 297 16
14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$ 20 297 16
15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ 20 485 61
16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ 20 485 61
17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$
18 IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD LIST AMOUNT			\$ 0 00
19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$ 0 00
C MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21 DATE	22 AMOUNT
20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			
NAME Friends of Claire McCaskill			
ADDRESS PO Box 6671		9/10/2004	\$ 1 200 00
CITY/STATE Saint Louis MO 63127			
NAME			\$
ADDRESS			
CITY / STATE			\$
NAME			\$
ADDRESS			
CITY / STATE			\$
23 SUBTOTAL THIS PAGE (SUM COLUMN 22)			\$ 1 200 00
24 SUBTOTAL ANY ATTACHED PAGES			+ \$ 0 00
25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)			\$ 1 200 00
26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT			\$ 0 00
27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)			\$ 1 200 00
28 IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT			\$ 0 00

**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES OF \$100 OR LESS BY CATEGORY SUPPLEMENTAL FORM**

NAME OF COMMITTEE ZWEIHEL FOR STATE REPRESENTATIVE		DATE 10/15/2004
EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)		AMOUNT PAID OR INCURRED THIS PERIOD
CATEGORY OF EXPENDITURE		
Program Book Ad	\$	75 00
Computer Software	\$	49 95
Misc (Volunteer Food Office Supplies)	\$	50 00
Postage	\$	13 50
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL ITEMIZED EXPENDITURES THIS PAGE	\$	--
(CARRY TO ITEM 13 "SUBTOTAL ANY ATTACHED PAGES" ON FORM CD-3)	\$	--


**MISSOURI ETHICS COMMISSION**  
**ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		REPORT DATE 10/15/2004	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		DATE	PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)
NAME AND ADDRESS OF RECIENT			AMOUNT THIS PERIOD
NAME Dell	ADDRESS PO Box 5403	9/1/2004	printer ink \$ 143 27
CITY/STATE Carol Stream IL 60197			<input type="checkbox"/> PAID 143 27 <input type="checkbox"/> INCURRED
NAME Creative Litho	ADDRESS 3021 Cherokee Street	9/1/2004	printing costs \$ 538 10
CITY/STATE Saint Louis MO			<input type="checkbox"/> PAID 538 10 <input type="checkbox"/> INCURRED
NAME Melissa Threadgill	ADDRESS 3330 Cherry Valley Rd	9/1/2004	campaign consul \$ 1 100 00
CITY/STATE Allegany NY 14706			<input type="checkbox"/> PAID 1 100 00 <input type="checkbox"/> INCURRED
NAME Screen Hurst Graphics	ADDRESS 1308 Ann Ave	9/10/2004	campaign t-shirt \$ 388 49
CITY/STATE Saint Louis MO 63104			<input type="checkbox"/> PAID 388 49 <input type="checkbox"/> INCURRED
NAME Mueller Sign Shop	ADDRESS 4418 Manchester Rd	9/10/2004	banner \$ 200 00
CITY/STATE Saint Louis MO 63110			<input type="checkbox"/> PAID 200 00 <input type="checkbox"/> INCURRED
NAME SBC	ADDRESS PO Box 930170	9/15/2004	phones \$ 157 26
CITY/STATE Dallas TX			<input type="checkbox"/> PAID 157 26 <input type="checkbox"/> INCURRED
NAME Murray & Associates	ADDRESS 3692 Terrace Dr	9/15/2004	party food \$ 150 00
CITY/STATE House Springs MO 63051			<input type="checkbox"/> PAID 150 00 <input type="checkbox"/> INCURRED
NAME Melissa Threadgill	ADDRESS 3330 Cherry Valley Rd	9/15/2004	campaign consul \$ 4 400 00
CITY/STATE Allegany NY 14706			<input type="checkbox"/> PAID 1 100 00 <input type="checkbox"/> INCURRED
NAME Cingular Wireless	ADDRESS PO Box 650553	9/17/2004	phones \$ 200 00
CITY/STATE Dallas TX			<input type="checkbox"/> PAID 200 00 <input type="checkbox"/> INCURRED
NAME Bates Nelmand	ADDRESS 1025 Vermont Ave	9/25/2004	mail consulting \$ 13 640 54
CITY/STATE Washington DC			<input type="checkbox"/> PAID 13 640 54 <input type="checkbox"/> INCURRED
NAME Melissa Threadgill	ADDRESS 3330 Cherry Valley Rd	9/30/2004	campaign consul \$ 5 500 00
CITY/STATE Allegany NY 14706			<input type="checkbox"/> PAID 1 100 00 <input type="checkbox"/> INCURRED
NAME SEIU	ADDRESS 5585 Persing Ave	9/30/2004	use of direct d \$ 1 020 00
CITY/STATE Saint Louis MO 63031			<input type="checkbox"/> PAID 1 020 00 <input type="checkbox"/> INCURRED
NAME Melissa Threadgill	ADDRESS 3330 Cherry Valley Rd	9/30/2004	reimbursements \$ 59 50
CITY/STATE Allegany NY 14706			<input type="checkbox"/> PAID 59 50 <input type="checkbox"/> INCURRED
NAME CORO Program	ADDRESS One University Blvd	9/30/2004	fellow program \$ 500 00
CITY/STATE Saint Louis MO 63121			<input type="checkbox"/> PAID 500 00 <input type="checkbox"/> INCURRED
NAME	ADDRESS		\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
CITY/STATE			\$
TOTAL ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13 SUBTOTAL ANY ATTACHED PAGES" ON FORM CD-3)			\$ --




**MISSOURI ETHICS COMMISSION  
INDEPENDENT CONTRACTOR EXPENDITURE**

INSTRUCTIONS ON REVERSE SIDE



NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 10/15/2004		
ITEMIZED EXPENDITURES ON PAYMENT TO INDEPENDENT CONTRACTOR (NAME AND ADDRESS OF RECIPIENT)	DATE	DESCRIPTION OF SERVICES RENDERED	PRO-RATED COST FOR SERVICE	TOTAL AMOUNT PAID
Melissa Threadgill 3330 Cherry Valley Rd Allegany NY 14706	9/1/2004	general campaign consulting	\$ 3 300 00	\$ 3 300 00
Bates Neimand 1025 Vermont Ave Washington DC 20005	9/1/2004	mail consulting & production	\$ 13 640 54	\$ 13 640 54
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
SUBTOTAL THIS PAGE			➔	\$ 16 940 54



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

MEC ID NO C010402

1 DATE OF REPORT	OFFICE USE ONLY
10/15/2004	

INSTRUCTIONS ON REVERSE SIDE

2 FULL NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	
3 COMMITTEE MAILING ADDRESS 1960 ACORN TRAIL DRIVE CITY/STATE/ZIP FLORISSANT MO 63031	4 COMMITTEE TELEPHONE NUMBER (314) 972 1990
5 TREASURER'S NAME JANICE SMITH	
6 TREASURER'S MAILING ADDRESS 1960 ACORN TRAIL DRIVE CITY/STATE/ZIP FLORISSANT MO 63031	7 TREASURER'S TELEPHONE NUMBER HOME (314) 972-1990 WORK (314) 731-3969
8 DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9 DEPUTY TREASURER'S MAILING ADDRESS	10 DEPUTY TREASURER'S TELEPHONE NUMBER HOME WORK
11 DATE OF ELECTION	12 TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13 TIME PERIOD COVERED BY THIS STATEMENT FROM 8/29/2004 THROUGH 9/30/2004	
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATE'S NAME ADDRESS PHONE OFFICE SOUGHT POLITICAL SUBDIVISION AND POLITICAL PARTY  CLINT ZWEIFEL 1960 ACORN TRAIL FLORISSANT MO 63031 (314) 972-1990 STATE REPRESENTATIVE DISTRICT 78  <input type="checkbox"/> CHECK IF INCUMBENT  <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15 TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input checked="" type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> AMENDING PREVIOUS REPORT DATED 10/19/2005 20 04
16 COMMITTEE TREASURER'S SIGNATURE  I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE  ELECTRONICALLY FILED Oct 19 2004 4 41PM TREASURER'S SIGNATURE	17 CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)  I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE  ELECTRONICALLY FILED Oct 19 2004 4 41PM CANDIDATE'S SIGNATURE



**Missouri Ethics Commission**  
**REPORT SUMMARY**  
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE  
**ZWEIFEL FOR STATE  
 REPRESENTATIVE**

DATE OF  
 REPORT  
 10/15/20

RECEIPTS		A THIS PERIOD	B THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION		
1	TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0 00			
2	ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 23 775 00		MONEY ON HAND		
3	ALL LOANS RECEIVED THIS PERIOD	+ \$ 0 00				
4	MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 0 00				
5	SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A 4A)	\$ 23 775 00		25	MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY CASH SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 47 331 61
6	IN KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 100 00		26	MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ \$ 23,775 00
7	TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A 6A)	\$ 23 875 00		27	MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24 )	\$ 21,685 61
8	FUNDS USED FOR REPAYING LOANS THIS PERIOD	\$ 0 00		a) Disbursements By Check \$ 21 685 61 b) Disbursements By Cash \$ 0 00		
9	TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A 8A)	\$ 23 875 00		28	MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 27)	\$ 49,421 00
EXPENDITURES		A THIS PERIOD	B THIS ELECTION	INDEBTEDNESS		
10	TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0 00			
11	EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 20 485 61				
12	IN-KIND EXPENDITURES MADE THIS PERIOD	+ \$ 0 00				
13	DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 0 00				
14	TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 20 485 61		29	OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0 00
15	TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)	\$ 20 485 61		30	LOANS RECEIVED THIS PERIOD	+ \$ 0 00
CONTRIBUTIONS MADE		A THIS PERIOD	B THIS ELECTION			
16	TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0 00	31	NEW DEBTS INCURRED THIS PERIOD	+ \$ 0 00
17	ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 1 200 00		32	PAYMENTS MADE ON LOANS THIS PERIOD	\$ 0 00
18	ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$ 0 00		33	CREDITS RECEIVED ON LOANS THIS PERIOD	\$ 0 00
19	TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 1 200 00		34	PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	\$ 0 00
20	TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)	\$ 1 200 00		35	TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 31 32 33 34)	\$ 0 00
OTHER DISBURSEMENTS		A THIS PERIOD	B THIS ELECTION			
21	FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$ 0 00				
22	PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$ 0 00				
23	ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$ 0 00				
24	TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A 23A)	\$ 0 00				



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE



1 NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		2 REPORT DATE 10/15/2004	
A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
View Supplemental Form(s)			
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0 00	
7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 23 875 00	
8 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 23 875 00	
9 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 23 775 00	
10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 100 00	
B NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11 TOTAL CONTRIBUTIONS RECEIVED AT FUND RAISERS AS REPORTED IN LINE 8 ON FORM CD1A		\$ 0 00	
12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0 00	
13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0 00	
14 TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0 00	
C LOANS RECEIVED		16 DATE RECEIVED	17 AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD 18)
15 NAME AND ADDRESS OF LENDER			
NAME ADDRESS CITY / STATE			\$
NAME ADDRESS CITY / STATE			\$
18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)		\$ 0 00	
19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES		\$ 0 00	
20 TOTAL LOANS THIS PERIOD (SUM 18 + 19)		\$ 0 00	
21 TOTAL ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 100 00	
22 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 & 13)		\$ 23 775 00	
23 MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9 13 & 20)		\$ 23 775 00	


**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 10/15/2004
---	--------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME ADDRESS MATA PAC- Eastern Missouri CITY/STATE PO Box 1792 EMPLOYER Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Gary Robb CITY/STATE 5550 Ward Parkway EMPLOYER Kansas City MO 64113 attorney <input type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Laborers Union Local No 718 Voluntary Political Fund CITY/STATE PO Box 132 EMPLOYER De Soto MO 63020 <input checked="" type="checkbox"/> COMMITTEE	9/25/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS AMEC PAC CITY/STATE 2722 E McCarty EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE	9/25/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Aerospace Lodge 837 IAMAW PAC CITY/STATE 211 Utz Ln EMPLOYER Hazelwood MO 63042 <input checked="" type="checkbox"/> COMMITTEE	9/25/2004 \$ 75	\$ 75 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Missouri Corrections Officers Assoc CITY/STATE 1103 R Southwest Blvd EMPLOYER Jefferson City MO 65109 <input checked="" type="checkbox"/> COMMITTEE	9/25/2004 \$ 150	\$ 150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Quarry Workers Local Union No 829 Voluntary Political Fund CITY/STATE 380 Market Street EMPLOYER Stc Genevieve MO <input checked="" type="checkbox"/> COMMITTEE	9/27/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Sheet Metal Workers Local 36 Political Education Account CITY/STATE 301 S Ewing EMPLOYER Saint Louis MO 63103 <input checked="" type="checkbox"/> COMMITTEE	9/27/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

**TOTAL ITEMIZED CONTRIBUTIONS**

(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)



# MISSOURI ETHICS COMMISSION

## CONTRIBUTIONS RECEIVED SUPPLEMENTAL



NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 10/15/2004
---	--------------------

### INSTRUCTIONS

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD-1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME ADDRESS MBA Ozark Region CITY/STATE 207 E Capitol Ave EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE		9/29/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS DC Inc CITY/STATE 895 Roger Ct EMPLOYER Fenton MO 63026 <input checked="" type="checkbox"/> COMMITTEE		9/29/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS LPC Inc CITY/STATE 350 North Valley Dell Dr EMPLOYER Fenton MO 63026 <input checked="" type="checkbox"/> COMMITTEE		9/29/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Separate Segregated Fund Carpenters Local Union No 61 CITY/STATE 625 W 39th Suite 100 EMPLOYER Kansas City MO 64111 <input checked="" type="checkbox"/> COMMITTEE		9/29/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Machinist District #9 PAC CITY/STATE 12365 St Charles Rock Rd EMPLOYER Bridgeton MO 63044 <input checked="" type="checkbox"/> COMMITTEE		9/29/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Julia Lamborn CITY/STATE 753 Lamplight Ln Hazelwood MO 63042 EMPLOYER Missourians for Single Payer Healthcare Reform <input type="checkbox"/> COMMITTEE		9/29/2004 \$ 50	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Charles Vogel CITY/STATE 15 Macclair Dr Florissant MO 63031 EMPLOYER Ferguson Optical <input type="checkbox"/> COMMITTEE		9/29/2004 \$ 150	\$ 150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Teamsters Local Union No 541 CITY/STATE 4501 Van Brunt Blvd EMPLOYER Kansas City MO 64130 <input checked="" type="checkbox"/> COMMITTEE		9/29/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



# MISSOURI ETHICS COMMISSION

## CONTRIBUTIONS RECEIVED SUPPLEMENTAL



NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 10/15/2004
---	--------------------

### INSTRUCTIONS

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS Missouri State Charropractore Assoc CITY/STATE 220 E Dunklin St EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE	9/29/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Missouri Union of Law Enforcement CITY/STATE 5976 Howdershell Ra Suite 109 EMPLOYER Hazelwood MO 63031 <input checked="" type="checkbox"/> COMMITTEE	9/1/2004 \$ 100	\$ 100 00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME ADDRESS Health PAC CITY/STATE PO Box 60 EMPLOYER Jefferson City MO <input checked="" type="checkbox"/> COMMITTEE	8/30/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Katherine Egan CITY/STATE 926 Jefferson #107 EMPLOYER Kansas City MO 64105 Folly Theater <input type="checkbox"/> COMMITTEE	8/30/2004 \$ 75	\$ 75 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Regina Robinson CITY/STATE One University Blvd EMPLOYER Saint Louis MO 63121 CORK Fellowship Program <input type="checkbox"/> COMMITTEE	8/30/2004 \$ 25	\$ 25 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Laura Cohen CITY/STATE 418 W Pine Blvd EMPLOYER St Louis MO 63108 Trail Net <input type="checkbox"/> COMMITTEE	9/1/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Missouri Gaming Company CITY/STATE 777 NW Argosy Parkway EMPLOYER Riverside MO 64150 <input type="checkbox"/> COMMITTEE	9/1/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS North County Labor Legislative Club CITY/STATE 7808 Winward Dr EMPLOYER Saint Louis MO 63121 <input checked="" type="checkbox"/> COMMITTEE	9/1/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 10/15/2004
---	--------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD-1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS Laborers International Union of North America AFL_CIO Local 53 CITY/STATE 12891 Pennridge Dr EMPLOYER Saint Louis MO 63044 <input checked="" type="checkbox"/> COMMITTEE	9/5/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Patricia & AJ Fontana CITY/STATE 640 Hazelvalley Dr EMPLOYER Hazelwood MO 63042 <input type="checkbox"/> COMMITTEE	9/5/2004 \$ 20	\$ 20 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Committee to Elect Vicki Walker CITY/STATE 9826 James A Reed Rd EMPLOYER Kansas City MO 64134 <input checked="" type="checkbox"/> COMMITTEE	9/5/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Charles Zweifel CITY/STATE 196 Croftdale Dr EMPLOYER Florissant MO 63031 Carpenter <input type="checkbox"/> COMMITTEE	9/5/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Brenda Zweifel CITY/STATE 1962 Croftdale Dr EMPLOYER Florissant MO 63031 hair stylist <input type="checkbox"/> COMMITTEE	9/5/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Larry Linker CITY/STATE 4206 Dunn Rd EMPLOYER Hazelwood MO 63042 retired <input type="checkbox"/> COMMITTEE	9/5/2004 \$ 50	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CWA District 6 Political Education Committee CITY/STATE 10820 Sunset Office Dr St 101 EMPLOYER Saint Louis MO 63127 <input checked="" type="checkbox"/> COMMITTEE	9/5/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS United Union of Roofers, Waterproofers and Allied Workers CITY/STATE Political Education and Legislative Fund 6301 Rockhill Rd Ste 420 EMPLOYER Kansas City MO 64131 <input checked="" type="checkbox"/> COMMITTEE	9/5/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES\* ON FORM CD 1)




**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 10/15/2004
---	--------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS Teamsters Local Union 618 CITY/STATE 300 S Grand Blvd EMPLOYER Saint Louis MO 63108 <input checked="" type="checkbox"/> COMMITTEE	9/5/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Brewers and Maltsters Benevolent Association CITY/STATE 3650 Wisconsin Ave EMPLOYER Saint Louis MO 63118 <input checked="" type="checkbox"/> COMMITTEE	9/5/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Teamsters Union No 795 DRIVE PAC CITY/STATE 4921 Cessna EMPLOYER Wichita KS 67210 <input checked="" type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS LOMBDA PAC CITY/STATE PO Box 195 EMPLOYER Sunrise Beach MO 65079 <input checked="" type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS 77th State Representative District Democratic Committee CITY/STATE 3427 St Mark St EMPLOYER St Ann MO 63074 <input checked="" type="checkbox"/> COMMITTEE	9/11/2004 \$ 500	\$ 500 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Gas Workers Local 56 Voluntary Political Action Committee CITY/STATE 7750 Olive St EMPLOYER Saint Louis MO 63130 <input checked="" type="checkbox"/> COMMITTEE	9/11/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS MATA PAC CITY/STATE PO BOX 1792 EMPLOYER Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Southwestern Bell Missouri Employees Political Action CITY/STATE Committee EMPLOYER One Bell Center Saint Louis MO 63101 <input checked="" type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

**TOTAL ITEMIZED CONTRIBUTIONS**

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 10/15/2004
---	--------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

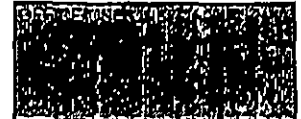
Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE 3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME ADDRESS MATA-PAC Western Missouri CITY/STATE PO Box 1792 EMPLOYER Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS MATA-PAC Central Missouri CITY/STATE PO Box 1792 EMPLOYER Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Jaclyn Ostrowski CITY/STATE 1907 Acorn Trail Dr EMPLOYER Florissant MO 63031 <input type="checkbox"/> COMMITTEE	9/7/2004 \$ 75	\$ 75 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Carpenters District Council of Kansas City and Vicinity CITY/STATE SSF-Political Fund EMPLOYER 625 W 19th St <input checked="" type="checkbox"/> COMMITTEE	9/8/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS UFCW Local No 88 Meat Cutters Union CITY/STATE 300 S Grand Blvd EMPLOYER Saint Louis MO <input checked="" type="checkbox"/> COMMITTEE	9/8/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Edward Finkelstein CITY/STATE 7600 Carwold Dr EMPLOYER Saint Louis MO 63105 <input type="checkbox"/> COMMITTEE	9/9/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Brown & Associates CITY/STATE 232 N Kingshighway Blvd Ste 202 EMPLOYER Saint Louis MO <input type="checkbox"/> COMMITTEE	9/9/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS St Louis Port Council Educational Political and CITY/STATE Informational Fund EMPLOYER 4581 Gravois <input checked="" type="checkbox"/> COMMITTEE	9/9/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 10/15/2004
---	--------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures, see Form CD 1 instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
NAME ADDRESS      Operating Engineers Local 148 MO PAC CITY/STATE    148 Wilma Dr EMPLOYER      Saint Louis MO 62062 <input checked="" type="checkbox"/> COMMITTEE	9/9/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS      Laborers Local No 42 PAC CITY/STATE    3710 Enright Ave EMPLOYER      Saint Louis MO 63108 <input checked="" type="checkbox"/> COMMITTEE	9/9/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS      Realtors Political Action Committee-Missouri CITY/STATE    PO Box 30635 EMPLOYER      Columbia MO 65205 <input checked="" type="checkbox"/> COMMITTEE	9/17/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS      Missouri Concrete Association Political Action Committee CITY/STATE    PO Box 392 EMPLOYER      Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE	9/20/2004 \$ 250	\$ 250 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS      Missouri Consumer Lenders CITY/STATE    PO Box 1072 EMPLOYER      Jefferson City MO 65102 <input type="checkbox"/> COMMITTEE	9/20/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS      International Union of Operating Engineers Local 2 CITY/STATE    Voluntary Political Action Fund EMPLOYER      2923 S Jefferson Ave Saint Louis MO 63118 <input checked="" type="checkbox"/> COMMITTEE	9/20/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS      The Chartock Living Trust CITY/STATE    532 Midvale Ave EMPLOYER      University City MO 63130 <input type="checkbox"/> COMMITTEE	9/21/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS      William Karabas CITY/STATE    2312 Lamadero EMPLOYER      Florissant MO 63031 police chief <input type="checkbox"/> COMMITTEE	9/21/2004 \$ 25	\$ 25 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL ITEMIZED CONTRIBUTIONS**

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)


**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 10/15/2004
---	--------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD-1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>		
NAME ADDRESS Missouri School Administrators PAC CITY/STATE 398 Dix Rd Suite 201 EMPLOYER Jefferson City MO 65109 <input checked="" type="checkbox"/> COMMITTEE	9/21/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS AT&T PAC - Missouri/Kansas CITY/STATE 101 W McCarty Street EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE	9/22/2004 \$ 250	\$ 250 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS James Louper CITY/STATE 808 Bracken Place EMPLOYER Saint Louis MO 63122 Medical Director LHI <input type="checkbox"/> COMMITTEE	9/22/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Howell Chiropractic Health Center PC CITY/STATE 490 Howdershell Rd EMPLOYER Florissant MO 63031 <input type="checkbox"/> COMMITTEE	9/22/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Sprinkler Patters Political Education and Legislative CITY/STATE Committee 1710 S Broadway EMPLOYER Saint Louis MO 63104 <input checked="" type="checkbox"/> COMMITTEE	9/22/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Hear & Frost Insulators & Asbestos Workers Local No 1 CITY/STATE 3325 Hollenberg Dr EMPLOYER Bridgeton MO 63044 <input checked="" type="checkbox"/> COMMITTEE	9/22/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Blue Cross and Blue Shield of Kansas City PAC for CITY/STATE Missouri One Pershing Square EMPLOYER Kansas City MO 64108 <input checked="" type="checkbox"/> COMMITTEE	9/22/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Mary Sievert CITY/STATE 6326 Alaska EMPLOYER Saint Louis MO 63111 <input type="checkbox"/> COMMITTEE	9/22/2004 \$ 30	\$ 30 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

**TOTAL ITEMIZED CONTRIBUTIONS**

--

(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 10/15/2004
---	--------------------

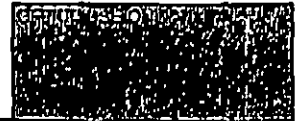
**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME ADDRESS Missouri Petroleum Marketers and Convenience Store Assn PAC CITY/STATE 205 E Capital Ave EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE	9/23/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Missouri Medical Political Action Committee CITY/STATE PO Box 1402 EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE	9/23/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS United Steel Workers of America Eastern Missouri Steel Counsel Fund CITY/STATE 3362 Hollenberg Dr EMPLOYER Bridgeton MO 63044 <input checked="" type="checkbox"/> COMMITTEE	9/27/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Credit Union PAC CITY/STATE 2055 Craigshire Dr EMPLOYER Saint Louis MO 63146 <input checked="" type="checkbox"/> COMMITTEE	9/27/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS AGC of St Louis PAC CITY/STATE 6330 Knox Industrial EMPLOYER Saint Louis MO 63139 <input checked="" type="checkbox"/> COMMITTEE	9/28/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS National Electrical Cont Assn Saint Louis CITY/STATE 3425 Hampton Ave EMPLOYER Saint Louis MO 63139 <input checked="" type="checkbox"/> COMMITTEE	9/29/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Missouri Drive Fund CITY/STATE 1850 E Division St EMPLOYER Springfield MO 65803 <input checked="" type="checkbox"/> COMMITTEE	9/29/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS MBA Gateway Region PAC CITY/STATE 207 E Capitol Ave EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE	9/29/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)		


**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 10/15/2004
---	--------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed

Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE 3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME ADDRESS MBA Capitol Region PAC CITY/STATE 207 E Capitol Ave EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE	9/29/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Anita Robb CITY/STATE 5550 Ward Parkway EMPLOYER Kansas City MO 64113 attorney <input type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Robin Emison CITY/STATE 307 W 34th St EMPLOYER Higginsville MO 64037 attorney <input type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Langdon & Emison CITY/STATE 911 Main Street EMPLOYER Lexington MO 64067 <input type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Robert Palmer CITY/STATE 205 Park Central E Ste 511 EMPLOYER Springfield MO 65806 attorney <input type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS The Law Offices of Robert Palmer CITY/STATE 205 Park Central E Ste 511 EMPLOYER Springfield MO 65806 <input type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Hershewe Law Firm PC CITY/STATE 431 Virginia EMPLOYER Joplin MO 64801 <input type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS ELECT Political Fund UFCW CITY/STATE 309 Weidman Rd EMPLOYER Ballwin MO 63011 <input checked="" type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL ITEMIZED CONTRIBUTIONS**

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)


**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 10/15/2004
---	--------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME ADDRESS Missouri NEA-PAC CITY/STATE 1810 East Elm St EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE	9/11/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Local 124 Voluntary Political Fund CITY/STATE 301 E 103rd Terrace EMPLOYER Kansas City MO 64114 <input checked="" type="checkbox"/> COMMITTEE	9/15/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Boilermakers Local 27 Voluntary Fund CITY/STATE 1547 S Broadway EMPLOYER Saint Louis MO 63104 <input checked="" type="checkbox"/> COMMITTEE	9/15/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS QuikTrip Corporation CITY/STATE 4705 S 129th E Ave EMPLOYER Tulsa OK 74134 <input type="checkbox"/> COMMITTEE	9/15/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS MO Cable PAC CITY/STATE 4700 Little Blue Parkway EMPLOYER Independence MO 64057 <input checked="" type="checkbox"/> COMMITTEE	9/15/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS House Capital Demos Inner Circle CITY/STATE PO Box 832 EMPLOYER Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE	9/15/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Aventis Pharmaceuticals Inc CITY/STATE PO Box 6944 EMPLOYER Bridgewater NJ 88071 <input type="checkbox"/> COMMITTEE	9/15/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Missouri Association of Municipal Utilities CITY/STATE 2407 W Ash EMPLOYER Columbia MO 65203 <input checked="" type="checkbox"/> COMMITTEE	9/15/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b> (CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 10/15/2004
---	--------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE 3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME ADDRESS Harrah's Operating Company Inc CITY/STATE 1023 Cherry Rd EMPLOYER Memphis TN 38117 <input type="checkbox"/> COMMITTEE	9/15/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Laborers International Union of North America (Laborers CITY/STATE Local 1101 11000 Lin Venable Rd EMPLOYER Saint Louis MO 63123 <input checked="" type="checkbox"/> COMMITTEE	9/15/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Joann Stephan CITY/STATE 1404 Drayton Ave Saint Louis Mo 63119 EMPLOYER Chapel/Administrator <input type="checkbox"/> COMMITTEE	9/16/2004 \$ 150	\$ 150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS St. Louis Carpenters Credit Union CITY/STATE 1401 Ave Rm 152 EMPLOYER Saint Louis MO 63139 <input checked="" type="checkbox"/> COMMITTEE	9/16/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Missouri State UAW PAC CITY/STATE 721 Dunn Rd Hazelwood MO 63042 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	9/16/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Teamsters Joint Council 13 DRIVE Political Fund CITY/STATE 9041 Riverview Dr Saint Louis MO 63137 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	9/16/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Missouri State Council Fire Fighters PAC CITY/STATE 6320 Manchester Ave Kansas City MO 64133 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	9/16/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Bent-Wood Incorporated CITY/STATE 1501 Charbonier Rd Florissant MO 63031 EMPLOYER <input type="checkbox"/> COMMITTEE	9/23/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL ITEMIZED CONTRIBUTIONS**

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)




**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 10/15/2004
---	--------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures, see Form CD 1 instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME ADDRESS PAN M Political Action For Nurses in Missouri CITY / STATE PO Box 105228 EMPLOYER Jefferson City MO 65110 <input checked="" type="checkbox"/> COMMITTEE	9/25/2004 \$ 100	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)		



**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 INSTRUCTIONS ON REVERSE SIDE



1 NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		2 REPORT DATE 10/15/2004	
A EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)			4 AMOUNT PAID OR INCURRED THIS PERIOD
3 CATEGORY OF EXPENDITURE View Supplemental Form(s)			\$
			\$
5 SUBTOTAL NON ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$ 0 00
6 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+ \$ 188 45
7 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$ 188 45
B ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		9 DATE	10 PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)
8 NAME AND ADDRESS OF RECIPIENT			11 AMOUNT THIS PERIOD
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS View Supplemental Form(s)			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
12 SUBTOTAL THIS PAGE (SUM COLUMN 11)			\$ 0 00
13 SUBTOTAL ANY ATTACHED PAGES			+ \$ 20 297 16
14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$ 20 297 16
15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ 20 485 61
16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ 20 485 61
17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$
18 IF COMMITTEE MADE ANY IN KIND EXPENDITURES THIS PERIOD LIST AMOUNT			\$ 0 00
19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$ 0 00
C MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21 DATE	22 AMOUNT
20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			
NAME Friends of Claire McCaskill			
ADDRESS PO Box 6671		9/10/2004	\$ 1 200 00
CITY / STATE Saint Louis MO 63127			\$
NAME			\$
ADDRESS			\$
CITY / STATE			\$
NAME			\$
ADDRESS			\$
CITY / STATE			\$
23 SUBTOTAL THIS PAGE (SUM COLUMN 22)			\$ 1 200 00
24 SUBTOTAL ANY ATTACHED PAGES			+ \$ 0 00
25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)			\$ 1 200 00
26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT			\$ 0 00
27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)			\$ 1 200 00
28 IF COMMITTEE MADE ANY IN KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT			\$ 0 00



MISSOURI ETHICS COMMISSION  
EXPENDITURES OF \$100 OR LESS BY CATEGORY - SUPPLEMENTAL FORM

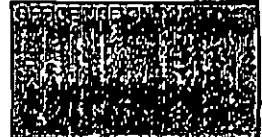
[illegible]


**MISSOURI ETHICS COMMISSION**  
**ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		REPORT DATE 10/15/2004	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		DATE	PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)
NAME AND ADDRESS OF RECIPIENT			AMOUNT THIS PERIOD
NAME Dell ADDRESS PO Box 6403 CITY/STATE Carol Stream IL 60197	9/1/2004	printer ink \$ 143 27	\$ <input type="checkbox"/> PAID 143 27 <input type="checkbox"/> INCURRED
NAME Creative Ltho ADDRESS 3021 Cherokee Street CITY/STATE Saint Louis MO	9/1/2004	printing costs \$ 538 10	\$ <input type="checkbox"/> PAID 538 10 <input type="checkbox"/> INCURRED
NAME Melissa Threadgill ADDRESS 3330 Cherry Valley Rd CITY/STATE Allegany NY 14706	9/1/2004	campaign consul \$ 3 300 00	\$ <input type="checkbox"/> PAID 1 100 00 <input type="checkbox"/> INCURRED
NAME Screen Burst Graphics ADDRESS 1308 Ann Ave CITY/STATE Saint Louis MO 63104	9/10/2004	campaign t-shir \$ 388 49	\$ <input type="checkbox"/> PAID 388 49 <input type="checkbox"/> INCURRED
NAME Mueller Sign Shop ADDRESS 4418 Manchester Rd CITY/STATE Saint Louis MO 63110	9/10/2004	banner \$ 200 00	\$ <input type="checkbox"/> PAID 200 00 <input type="checkbox"/> INCURRED
NAME SBC ADDRESS PO Box 930170 CITY/STATE Dallas TX	9/15/2004	phones \$ 157 26	\$ <input type="checkbox"/> PAID 157 26 <input type="checkbox"/> INCURRED
NAME Murray & Associates ADDRESS 3692 Terrace Dr CITY/STATE House Springs MO 63051	9/15/2004	party food \$ 150 00	\$ <input type="checkbox"/> PAID 150 00 <input type="checkbox"/> INCURRED
NAME Melissa Threadgill ADDRESS 3330 Cherry Valley Rd CITY/STATE Allegany NY 14706	9/15/2004	campaign consul \$ 4 400 00	\$ <input type="checkbox"/> PAID 1 100 00 <input type="checkbox"/> INCURRED
NAME Cingular Wireless ADDRESS PO Box 650553 CITY/STATE Dallas TX	9/17/2004	phones \$ 200 00	\$ <input type="checkbox"/> PAID 200 00 <input type="checkbox"/> INCURRED
NAME Bates Nelmand ADDRESS 1025 Vermont Ave CITY/STATE Washington DC	9/25/2004	mail consulting \$ 13 640 54	\$ <input type="checkbox"/> PAID 13 640 54 <input type="checkbox"/> INCURRED
NAME Melissa Threadgill ADDRESS 3330 Cherry Valley Rd CITY/STATE Allegany NY 14706	9/30/2004	campaign consul \$ 5 500 00	\$ <input type="checkbox"/> PAID 1 100 00 <input type="checkbox"/> INCURRED
NAME SEIU ADDRESS 5585 Persing Ave CITY/STATE Saint Louis MO 63031	9/30/2004	use of direct d \$ 1 020 00	\$ <input type="checkbox"/> PAID 1 020 00 <input type="checkbox"/> INCURRED
NAME Melissa Threadgill ADDRESS 3330 Cherry Valley Rd CITY/STATE Allegany NY 14706	9/30/2004	reimbursements \$ 59 50	\$ <input type="checkbox"/> PAID 59 50 <input type="checkbox"/> INCURRED
NAME CORO Program ADDRESS One University Blvd CITY/STATE Saint Louis MO 63121	9/30/2004	fellow program \$ 500 00	\$ <input type="checkbox"/> PAID 500 00 <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13 SUBTOTAL ANY ATTACHED PAGES" ON FORM CD-3)			\$ --


**MISSOURI ETHICS COMMISSION  
INDEPENDENT CONTRACTOR EXPENDITURE**

INSTRUCTIONS ON REVERSE SIDE



NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE			DATE 10/15/2004	
ITEMIZED EXPENDITURES ON PAYMENT TO INDEPENDENT CONTRACTOR (NAME AND ADDRESS OF RECIPIENT)	DATE	DESCRIPTION OF SERVICES RENDERED	PRO-RATED COST FOR SERVICE	TOTAL AMOUNT PAID
Melissa Threadgill 3330 Cherry Valley Rd Allegany NY 14706	9/1/2004	general campaign consulting	\$ 3 300 00	\$ 3 300 00
Bates Neimand 1025 Vermont Ave Washington DC 20005	9/1/2004	mail consulting & production	\$ 13 640 54	\$ 13 640 54
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
SUBTOTAL THIS PAGE				\$ 16 940 54



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M E C ID NO CD10402

1 DATE OF REPORT	OFFICE USE ONLY
9/ /2004	

INSTRUCTIONS ON REVERSE SIDE

2 FULL NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	
3 COMMITTEE MAILING ADDRESS 1960 ACORN TRAIL DRIVE CITY / STATE / ZIP FLORISSANT MO 63031	4 COMMITTEE TELEPHONE NUMBER  (314) 972 1990
5 TREASURER'S NAME JANICE SMITH	
6 TREASURER'S MAILING ADDRESS 1960 ACORN TRAIL DRIVE CITY / STATE / ZIP FLORISSANT MO 63031	7 TREASURER'S TELEPHONE NUMBER HOME (314) 972-1990 WORK (314) 731 3960
8 DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9 DEPUTY TREASURER'S MAILING ADDRESS	10 DEPUTY TREASURER'S TELEPHONE NUMBER HOME WORK
11 DATE OF ELECTION 11 2/2004	12 TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13 TIME PERIOD COVERED BY THIS STATEMENT FROM 7/23/2004 THROUGH 8/28/ 004	
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATE'S NAME ADDRESS PHONE OFFICE SOUGHT POLITICAL SUBDIVISION AND POLITICAL PARTY  CLINT ZWEIFEL 1960 ACORN TRAIL FLORISSANT MO 630  (314) 972-1990  STATE REPRESENTATIVE DISTRICT 78  <input type="checkbox"/> CHECK IF INCUMBENT  <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15 TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input checked="" type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO 3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16 COMMITTEE TREASURER'S SIGNATURE  I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE  ELECTRONICALLY FILED Sep 2 2004 1:37PM TREASURER'S SIGNATURE	17 CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)  I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE  ELECTRONICALLY FILED Sep 2 2004 1:37PM CANDIDATE'S SIGNATURE



**Missouri Ethics Commission**  
**REPORT SUMMARY**  
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE  
**ZWEIFEL FOR STATE  
 REPRESENTATIVE**

DATE OF  
 REPORT  
**9/1/2004**

RECEIPTS		A THIS PERIOD	B THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION		
1	TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 47 270 00			
2	ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 22 130 99		MONEY ON HAND		
3	ALL LOANS RECEIVED THIS PERIOD	+ \$ 0 00				
4	MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 0 00				
5	SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A 3A + 4A)	\$ 22 130 99		25	MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY CASH SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 37,843 86
6	IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 300 00		26	MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ \$ 22,130 99
7	TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 22 430 99		27	MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 24)	\$ 12,643 24
8	FUNDS USED FOR REPAYING LOANS THIS PERIOD	\$ 0 00		a) Disbursements By Check \$ 43 24 b) Disbursements By Cash \$ 0 00		
9	TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A 8A)	\$ 69 700 99		28	MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 27)	\$ 47 331 61
EXPENDITURES		A THIS PERIOD	B THIS ELECTION	INDEBTEDNESS		
10	TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 23 498 51			
11	EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 11 443 24				
12	IN KIND EXPENDITURES MADE THIS PERIOD	+ \$ 0 00				
13	DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 0 00				
14	TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 11 443 24		29	OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0 00
15	TOTAL EXPENDITURES THIS ELECTION (SUM 10B 14A)	\$ 34 941 75		30	LOANS RECEIVED THIS PERIOD	+ \$ 0 00
CONTRIBUTIONS MADE		A THIS PERIOD	B THIS ELECTION			
16	TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0 00	31	NEW DEBTS INCURRED THIS PERIOD	+ \$ 0 00
17	ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 1 200 00		32	PAYMENTS MADE ON LOANS THIS PERIOD	\$ 0 00
18	ALL IN KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$ 0 00		33	CREDITS RECEIVED ON LOANS THIS PERIOD	\$ 0 00
19	TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 1 200 00		34	PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	\$ 0 00
20	TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)	\$ 1 200 00		35	TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 30 + 31 32 33 34)	\$ 0 00
OTHER DISBURSEMENTS		A THIS PERIOD	B THIS ELECTION			
21	FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$ 0 00				
22	PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$ 0 00				
23	ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$ 0 00				
24	TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A 23A)	\$ 0 00				



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE



1 NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		2 REPORT DATE 9/1/2004	
A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		4 DATE RECEIVED - AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0 00	
7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 22 290 99	
8 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 22 290 99	
9 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 21 990 99	
10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN KIND CONTRIBUTIONS		\$ 300 00	
B NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11 TOTAL CONTRIBUTIONS RECEIVED AT FUND RAISERS AS REPORTED IN LINE 8 ON FORM CD1A		\$ 0 00	
12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 20 00	
13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 120 00	
14 TOTAL IN KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0 00	
C LOANS RECEIVED		16 DATE RECEIVED	17 AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
15 NAME AND ADDRESS OF LENDER			
NAME ADDRESS CITY / STATE			\$
NAME ADDRESS CITY / STATE			\$
18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)		\$ 0 00	
19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES		\$ 0 00	
20 TOTAL LOANS THIS PERIOD (SUM 18 + 19)		\$ 0 00	
21 TOTAL ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 300 00	
22 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 & 13)		\$ 22,130 99	
23 MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9 13 & 20)		\$ 22,110 99	




**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


<b>NAME OF COMMITTEE</b> ZWEIFEL FOR STATE REPRESENTATIVE	<b>DATE</b> 9/1/2004
--	-------------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1

If further information is needed concerning reporting itemized expenditures see Form CD 1 instructions

<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b> <b>FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE</b> <b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>	<b>4 DATE RECEIVED</b> <b>AGGREGATE TO DATE</b>	<b>5 AMOUNT RECEIVED</b> <b>(CHECK IF MONETARY OR IN-KIND)</b>
<b>NAME</b> ADDRESS Dr-Port Marine CITY/STATE 300 Lake Bluff Drive EMPLOYER O Fallon MO 63366 <input type="checkbox"/> COMMITTEE	8/28/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>NAME</b> ADDRESS Brian Spector CITY/STATE 817 N Price Rd EMPLOYER Saint Louis MO 63132 <input type="checkbox"/> COMMITTEE	7/29/2004 \$ 50	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>NAME</b> ADDRESS Kathleen Kelly Burkett CITY/STATE 2023 Huntington EMPLOYER Overland M 063114 <input type="checkbox"/> COMMITTEE	8/15/2004 \$ 220	\$ 20 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>NAME</b> ADDRESS James Lappe CITY/STATE 14707 Faon Ct EMPLOYER Florissant MO 63034 <input type="checkbox"/> COMMITTEE	8/15/2004 \$ 25	\$ 25 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>NAME</b> ADDRESS Cary & Elsie Thornton CITY/STATE 147 Benedictine Ct EMPLOYER Hazelwood MO 63031 <input type="checkbox"/> COMMITTEE	8/15/2004 \$ 25	\$ 25 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>NAME</b> ADDRESS Patricia Fontana CITY/STATE 9 Beuolaia EMPLOYER Florissant MO 63031 <input type="checkbox"/> COMMITTEE	8/15/2004 \$ 120	\$ 20 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>NAME</b> ADDRESS Crystal Howard CITY/STATE 531 B ackcerth Ct EMPLOYER Florissant MO 63031 <input type="checkbox"/> COMMITTEE	8/15/2004 \$ 50	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>NAME</b> ADDRESS Pat Piotowicz CITY/STATE 9 Beaujolais EMPLOYER Florissant MO 63031 <input type="checkbox"/> COMMITTEE	8/15/2004 \$ 50	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL ITEMIZED CONTRIBUTIONS**

(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)


**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 9/1/2004	
<b>INSTRUCTIONS</b>			
<b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed  Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1  If further information is needed concerning reporting itemized expenditures see Form CD 1 instructions			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME John Taylor ADDRESS 307 Imperial CITY/STATE Hazelwood MO 63042 EMPLOYER IPS - Sprinkler fitter <input type="checkbox"/> COMMITTEE		8/15/2004 \$ 20	\$ 20 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME Matthew Robinson ADDRESS 723 Bellflower CITY/STATE Hazelwood MO 63042 EMPLOYER RJ Noubert <input type="checkbox"/> COMMITTEE		8/15/2004 \$ 25	\$ 25 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Missouri Court Reporters Assn PAC CITY/STATE 2270 Buttercup Drive EMPLOYER Florissant MO 63033 <input checked="" type="checkbox"/> COMMITTEE		7/25/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME Mary Wochner ADDRESS 5526 Remington Villast Ct CITY/STATE Saint Louis MO 63129 EMPLOYER Belleville Area Jr College <input type="checkbox"/> COMMITTEE		7/25/2004 \$ 50	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME Allison Goe ADDRESS 1617 Pennsylvania Ave CITY/STATE Saint Louis MO 63129 EMPLOYER Planned Parenthood <input type="checkbox"/> COMMITTEE		7/25/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME Geri Redden ADDRESS 2407 Bellevue Ave CITY/STATE Maplewood MO 63143 EMPLOYER self employed counsel ng <input type="checkbox"/> COMMITTEE		7/25/2004 \$ 30	\$ 30 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME William Svencarek ADDRESS 1650 Wolf Trail Rd CITY/STATE Wildwood MO 63021 EMPLOYER Christian Hospita <input type="checkbox"/> COMMITTEE		7/25/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME UFCW Local N 655 Elect Club ADDRESS 300 Weidman Rd CITY/STATE Ballwin MO 63011 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE		7/27/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>		--	
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)			


**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 9/1/2004	
<b>INSTRUCTIONS</b>			
<b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.			
Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1			
If further information is needed concerning reporting itemized expenditures see Form CD-1 Instructions			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b>		<b>4 DATE RECEIVED</b>	<b>5 AMOUNT RECEIVED</b>
FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		AGGREGATE TO DATE	(CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS Holcim (US) Inc - Ste Genevieve CITY/STATE 2942 US Highway 61 EMPLOYER Bloomsdale MO 63627 <input type="checkbox"/> COMMITTEE		7/27/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Joann Stephan CITY/STATE 1404 Drayton Ave St Louis MO 63119 Eliot EMPLOYER Chapel/Administrator <input type="checkbox"/> COMMITTEE		7/27/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Steve Brown CITY/STATE 7624 Carswold Dr EMPLOYER Saint Louis MO 63105 campaign consulting <input type="checkbox"/> COMMITTEE		8/4/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Gary Wolfe CITY/STATE 10730 Schuessler Rd EMPLOYER Saint Louis MO 63128 attorney <input type="checkbox"/> COMMITTEE		8/4/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS The Law Offices of Timothy Hogan CITY/STATE 1505 S Big Bend Blvd EMPLOYER Saint Louis MO 63117 <input type="checkbox"/> COMMITTEE		8/4/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Stephen Casey CITY/STATE 2444 Southwind Meadows Ct EMPLOYER Saint Louis MO 63129 United States Postal Service <input type="checkbox"/> COMMITTEE		8/6/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Marjorie Baier CITY/STATE 1660 Cobblestone Creek EMPLOYER Florissant MO 63031 professor <input type="checkbox"/> COMMITTEE		8/6/2004 \$ 25	\$ 25 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Iron Workers District Council of Saint Louis and vicinity CITY/STATE 3544 Werson Rd EMPLOYER Saint Louis MO 63139 <input checked="" type="checkbox"/> COMMITTEE		8/6/2004 \$ 25	\$ 25 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>		--	
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 9/1/2004	
<b>INSTRUCTIONS</b>			
<b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.			
Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1			
If further information is needed concerning reporting itemized expenditures see Form CD-1 Instructions			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b>		<b>4 DATE RECEIVED</b>	<b>5 AMOUNT RECEIVED</b>
FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		AGGREGATE TO DATE	(CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME			
ADDRESS SSM Health Care		8/6/2004	\$ 300 00
CITY/STATE 477 N Lindberg Blvd			
EMPLOYER Saint Louis MO 63141		\$ 300	<input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
<input type="checkbox"/> COMMITTEE			
NAME			
ADDRESS Charles & Brenda Zweifel		8/9/2004	\$ 40 00
CITY/STATE 1962 Croftdale Dr			
EMPLOYER Florissant MO 63031		\$ 40	<input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
carpenter			
<input type="checkbox"/> COMMITTEE			
NAME			
ADDRESS Heather Masters		8/10/2004	\$ 20 00
CITY/STATE 20 Thorndell Dr			
EMPLOYER Saint Louis MO 63117		\$ 20	<input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
Oncology Sales Associate			
<input type="checkbox"/> COMMITTEE			
NAME			
ADDRESS Donald Barnes		8/10/2004	\$ 60 00
CITY/STATE 516 Clayworth Dr			
EMPLOYER Saint Louis MO 63011		\$ 60	<input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
self employed			
<input type="checkbox"/> COMMITTEE			
NAME			
ADDRESS David Robertson		8/10/2004	\$ 25 00
CITY/STATE 11121 Oak Lake Ct			
EMPLOYER Saint Louis MO 63146		\$ 50	<input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
UM-Saint Louis			
<input type="checkbox"/> COMMITTEE			
NAME			
ADDRESS Rick Johnson for Speaker		8/10/2004	\$ 300 00
CITY/STATE PO Box 143			
EMPLOYER High Ridge MO 63049		\$ 300	<input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
<input checked="" type="checkbox"/> COMMITTEE			
NAME			
ADDRESS Rick Johnson for Speaker		8/10/2004	\$ 300 00
CITY/STATE PO Box 143			
EMPLOYER High Ridge MO 63049		\$ 300	<input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
<input checked="" type="checkbox"/> COMMITTEE			
NAME			
ADDRESS James Sewell		8/10/2004	\$ 40 00
CITY/STATE 2049 Riverwood Trails			
EMPLOYER Florissant MO 63031		\$ 40	<input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
unemployed			
<input type="checkbox"/> COMMITTEE			
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>			
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			


**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 9/1/2004	
<b>INSTRUCTIONS</b>			
<b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed  Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD-1  If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS Group Health Plan CITY/STATE 111 Corporate Office Drive Ste 400 EMPLOYER Earth City MO 63045 <input type="checkbox"/> COMMITTEE		8/10/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Jule Mueller CITY/STATE 1115 Flora Ln EMPLOYER Florissant MO 63101 Sprinkler-fitter <input type="checkbox"/> COMMITTEE		8/11/2004 \$ 25	\$ 25 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS DRIVE for Kansas CITY/STATE 1231 NW Eugene EMPLOYER Topeka KS 66608 <input checked="" type="checkbox"/> COMMITTEE		8/18/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS William Schneider CITY/STATE 3066 Donnycafe Ln EMPLOYER Maryland MO 63043 retired <input type="checkbox"/> COMMITTEE		8/18/2004 \$ 20	\$ 20 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Mary Lorenzen CITY/STATE 4253 Callahan Ln EMPLOYER Bridgeton MO 63044 retired <input type="checkbox"/> COMMITTEE		8/18/2004 \$ 20	\$ 20 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Katherine Egan CITY/STATE 926 Jefferson #107 EMPLOYER Kansas City MO 64103 Folly Theater Kansas City <input type="checkbox"/> COMMITTEE		8/18/2004 \$ 75	\$ 75 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Damon Porter CITY/STATE 2585 Lindsay Ln EMPLOYER Florissant MO 63031 St Louis City Public School District <input type="checkbox"/> COMMITTEE		8/19/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Perry Schneider CITY/STATE 12 De Ville Drive EMPLOYER Hazelwood MO 63042 retired <input type="checkbox"/> COMMITTEE		8/19/2004 \$ 100	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>		--	
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			



# MISSOURI ETHICS COMMISSION

## CONTRIBUTIONS RECEIVED SUPPLEMENTAL

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 9/1/2004	
<b>INSTRUCTIONS</b>			
<p><b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.</p> <p>Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.</p> <p>If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.</p>			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS Endsley Jones 7214 Greenway Ave CITY / STATE Saint Louis MO 63130 EMPLOYER UM Saint Louis <input type="checkbox"/> COMMITTEE		8/19/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Plumbers Local 8 PAC 8600 Hillcrest Rd Suite CITY / STATE Kansas City MO 64138 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE		8/19/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Angel Millikan 1374 Hunters Hollow CITY / STATE Eureka MO 63025 EMPLOYER Roadway Express <input type="checkbox"/> COMMITTEE		8/15/2004 \$ 20	\$ 20 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Mel: se Fitzgerald 1630 Saddlespur Ln CITY / STATE Florissant MO 63033 EMPLOYER Family Resource Center <input type="checkbox"/> COMMITTEE		8/15/2004 \$ 40	\$ 40 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Cherie Magueja 1925 Lake Ave CITY / STATE Saint Louis MO 63114 EMPLOYER Lutheran Family Services <input type="checkbox"/> COMMITTEE		8/15/2004 \$ 20	\$ 20 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Scott Lamar 2182 Encino Dr CITY / STATE Florissant MO 63031 computers EMPLOYER <input type="checkbox"/> COMMITTEE		8/15/2004 \$ 20	\$ 20 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS William Egan 707 Lamplight Ln CITY / STATE Hazelwood MO 63042 EMPLOYER electrician <input type="checkbox"/> COMMITTEE		8/15/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Joseph Galli 1822 Perconage Dr CITY / STATE Chesterfield MO 63005 EMPLOYER Teamsters Local 688 <input type="checkbox"/> COMMITTEE		8/16/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL ITEMIZED CONTRIBUTIONS			
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)			


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 9/1/2004	
<b>INSTRUCTIONS</b>			
<b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed  Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1  If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> ----- AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS Donna Steininger 1822 Parsonage Dr CITY / STATE Chesterfield MO EMPLOYER retired <input type="checkbox"/> COMMITTEE		8/16/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Patrick Raftery 1721 Foxglove Dr CITY / STATE St Charles MO 63303 EMPLOYER Teamsters Local 688 <input type="checkbox"/> COMMITTEE		8/16/2004 \$ 150	\$ 150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Brenda Zweifel 1962 Croftdale CITY / STATE Florissant MO 63031 EMPLOYER retired <input type="checkbox"/> COMMITTEE		8/15/2004 \$ 50	\$ 50 00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME ADDRESS Kim Besserman 3805 Salvation Road CITY / STATE Florissant MO 63031 EMPLOYER Florissant P refighters <input type="checkbox"/> COMMITTEE		8/15/2004 \$ 100	\$ 100 00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN KIND
NAME ADDRESS Richard Marks 2913 Middlebush Court CITY / STATE Saint Louis MO 63119 EMPLOYER Teamsters Local 682 <input type="checkbox"/> COMMITTEE		8/15/2004 \$ 200	\$ 50 00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN KIND
NAME ADDRESS Missouri Union of Law Enforcement 5976 Howdershell Rd Suite 109 CITY / STATE Hazelwood MO 63042 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE		8/1/2004 \$ 300	\$ 100 00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME ADDRESS Kenneth Thomas 211 Centerfield Dr CITY / STATE O Fallon MO 63366 EMPLOYER UMSL <input type="checkbox"/> COMMITTEE		8/23/2004 \$ 25	\$ 25 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Gary Otten 2501 19th St CITY / STATE Saint Louis MO 63110 EMPLOYER Painters District Council #2 <input type="checkbox"/> COMMITTEE		8/23/2004 \$ 50	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)			


**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 9/1/2004
<b>INSTRUCTIONS</b>		
<b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed  Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1  If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions		
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE <b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>	<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
NAME ADDRESS John Hacker 2451 Dunhearth Ln CITY/STATE O Fallon MO 63366 EMPLOYER Teamsters Local 688 <input type="checkbox"/> COMMITTEE	8/23/2004  \$ 150	\$ 150 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Howell Chiropractic Health Center PC CITY/STATE 490 Howdershell Rd EMPLOYER Florissant MO 63031 <input type="checkbox"/> COMMITTEE	8/23/2004  \$ 100	\$ 100 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CHIPP Political Fund CITY/STATE 1401 Hampton 3rd Floor EMPLOYER Saint Louis MO 63139 <input checked="" type="checkbox"/> COMMITTEE	8/23/2004  \$ 300	\$ 300 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS 90th Legislative District Democratic Legislative CITY/STATE Committee PO Box 143 EMPLOYER High Ridge MO 63049 <input checked="" type="checkbox"/> COMMITTEE	8/23/2004  \$ 3000	\$ 3 000 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Diekember Hammond PC CITY/STATE 7730 Carondelet Suite 200 EMPLOYER Saint Louis MO 63105 <input type="checkbox"/> COMMITTEE	8/23/2004  \$ 300	\$ 300 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS David Lalumondier CITY/STATE 2452 Wimbledon Estates Dr Festus MO 63028 EMPLOYER Teamsters Local 688 <input type="checkbox"/> COMMITTEE	8/23/2004  \$ 300	\$ 300 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Larry Fister CITY/STATE 2 Cedar Park Dr Florissant MO 63031 EMPLOYER retired <input type="checkbox"/> COMMITTEE	8/23/2004  \$ 20	\$ 20 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Dealers Interested in Government CITY/STATE PO Box 245 EMPLOYER Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE	8/24/2004  \$ 300	\$ 300 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b> (CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD-1)		--




**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 9/1/2004	
<b>INSTRUCTIONS</b>			
<p><b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.</p> <p>Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.</p> <p>If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.</p>			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS Motor Carrier Public Affairs CITY/STATE PO Box 89 EMPLOYER Eldon MO 65102 <input type="checkbox"/> COMMITTEE		8/24/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Terry Schleimeier CITY/STATE 211 E Capitol Ave EMPLOYER Jefferson City MO 6510 10bb/1st <input type="checkbox"/> COMMITTEE		8/24/2004 \$ 120 99	\$ 120 99 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Steve Sonnenberg CITY/STATE 2912 SE 5th PL EMPLOYER Cape Coral FL 33904 retired <input type="checkbox"/> COMMITTEE		8/25/2004 \$ 200	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS St Louis Area Realtors PAC CITY/STATE 12777 Olive Blvd EMPLOYER St Louis MO 63141 <input checked="" type="checkbox"/> COMMITTEE		8/25/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Midwest Petroleum Co CITY/STATE 6760 Southwest Ave EMPLOYER Saint Louis MO 63143 <input type="checkbox"/> COMMITTEE		8/25/2004 \$ 250	\$ 250 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Friends of Vicky Wilson CITY/STATE PO Box 957 EMPLOYER Columbia MO 63143 <input checked="" type="checkbox"/> COMMITTEE		8/25/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Northwest Township Democratic Club CITY/STATE 1570 Ville Angela Ln EMPLOYER Hazelwood MO 63042 <input checked="" type="checkbox"/> COMMITTEE		8/25/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS 22nd Senatorial Democratic Committee CITY/STATE 1952 Birchwood Dr EMPLOYER Barnhart MO 63012 <input checked="" type="checkbox"/> COMMITTEE		8/27/2004 \$ 1500	\$ 1 500 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>			
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 9/1/2004	
<b>INSTRUCTIONS</b>			
<b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.			
Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.			
If further information is needed concerning reporting itemized expenditures see Form CD 1 instructions.			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS Missouri Beer Wholesalers Association CITY/STATE 11116 South Towne Square Suite 306 EMPLOYER Saint Louis MO 63123 <input type="checkbox"/> COMMITTEE		8/27/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS HealthLink CITY/STATE 12443 Olive Blvd EMPLOYER Saint Louis MO 63141 <input checked="" type="checkbox"/> COMMITTEE		8/27/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Ameren UE PAC CITY/STATE PO Box 780 EMPLOYER Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE		8/27/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS United Steel Workers of America Local 169 USWA/ABO 169 PAC CITY/STATE 1850 E Division Street EMPLOYER Springfield MO 65803 <input checked="" type="checkbox"/> COMMITTEE		8/27/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Teamsters 245 PAF CITY/STATE 1850 E Division Street EMPLOYER Springfield MO 65803 <input checked="" type="checkbox"/> COMMITTEE		8/27/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Isle of Capri Casino CITY/STATE 1641 Poppe Ferry Rd Suite B EMPLOYER Biloxi MS 39532 <input type="checkbox"/> COMMITTEE		8/31/2004 \$ 250	\$ 250 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Pipefitters Local Union 533 Voluntary PAC CITY/STATE 8600 Hillcrest Rd Suite 2 EMPLOYER Kansas City MO 64138 <input checked="" type="checkbox"/> COMMITTEE		8/31/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Lisa Schulte CITY/STATE 100 Sansomet Dr EMPLOYER Florissant MO 63031 Teacher <input type="checkbox"/> COMMITTEE		8/31/2004 \$ 40	\$ 40 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>		--	
(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 9/1/2004
<b>INSTRUCTIONS</b>		
<b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed  Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1  If further information is needed concerning reporting itemized expenditures, see Form CD 1 Instructions		
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE <b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>	<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
NAME ADDRESS Julia Lamborn 753 Lamplight Ln CITY / STATE Hazelwood MO 63042 EMPLOYER Missourians for Single P-yr Healthcare Reform <input type="checkbox"/> COMMITTEE	7/25/2004  \$ 125	\$ 125 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS James Ward 678 Green Hedge Dr CITY / STATE Penton MO 63025 EMPLOYER teacher <input type="checkbox"/> COMMITTEE	7/25/2004  \$ 50	\$ 50 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Albert & Diann Valenti 611 Bappington Brk. CITY / STATE Saint Louis MO 63125 EMPLOYER Jefferson County Auto Parts <input type="checkbox"/> COMMITTEE	7/25/2004  \$ 300	\$ 300 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Susan Ritter 7111 Nashville Ave CITY / STATE Saint Louis MO 63117 EMPLOYER homemaker <input type="checkbox"/> COMMITTEE	7/25/2004  \$ 50	\$ 50 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Brandi Barfield 1424 Wise Ave CITY / STATE Richmond MO 63117 EMPLOYER teacher <input type="checkbox"/> COMMITTEE	7/25/2004  \$ 30	\$ 30 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Lynn Burkhart 6 Darwin Ct CITY / STATE Florissant MO 63033 EMPLOYER Ferguson-Florissant School District <input type="checkbox"/> COMMITTEE	7/25/2004  \$ 150	\$ 150 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Margaret Donnelly 58 Lake Forest Drive CITY / STATE Saint Louis MO 63117 EMPLOYER lawyer <input type="checkbox"/> COMMITTEE	7/25/2004  \$ 100	\$ 100 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Fletcher Calder 816 Grove St CITY / STATE Alton IL 62002 EMPLOYER self-employed <input type="checkbox"/> COMMITTEE	7/25/2004  \$ 100	\$ 100 00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>		--
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD-1)		


**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 9/1/2004
---	------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS Mimi Signor 10 Westridge Ct CITY/STATE Saint Louis MO 63124 EMPLOYER Barnes Jewish Hospital <input type="checkbox"/> COMMITTEE	8/31/2004 \$ 25	\$ 25 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Pfizer CITY/STATE 7300 W 110th St 7th Floor Overland KS 66210 EMPLOYER <input type="checkbox"/> COMMITTEE	8/31/2004 \$ 150	\$ 150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Karl Kottmann 1808 Chelmsford Ct CITY/STATE St Louis MO 63146 EMPLOYER University of Missouri Saint Louis <input type="checkbox"/> COMMITTEE	7/23/2004 \$ 25	\$ 25 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Operating Engineers Local 148 Missouri PAC CITY/STATE 148 Wilma Drive EMPLOYER Maryville MO 62062 <input checked="" type="checkbox"/> COMMITTEE	7/23/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Michelle Trupiano 1123 A South Taylor CITY/STATE Saint Louis MO 63110 EMPLOYER Planned Parenthood <input type="checkbox"/> COMMITTEE	7/25/2004 \$ 30	\$ 30 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Patrick Right 3728 Robert CITY/STATE Saint Louis MO 63116 EMPLOYER Florissant Ferguson School District <input type="checkbox"/> COMMITTEE	7/25/2004 \$ 30	\$ 30 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Kriston & Michael Green 5644 Monroe Street CITY/STATE Saint Louis MO 63109 EMPLOYER Riverside <input type="checkbox"/> COMMITTEE	7/25/2004 \$ 150	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Martha Tyson 6523 Dolphin Circle East CITY/STATE Florissant MO 63033 EMPLOYER retired <input type="checkbox"/> COMMITTEE	7/25/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL ITEMIZED CONTRIBUTIONS		--
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)		


**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 9/1/2004	
<b>INSTRUCTIONS</b>			
<p><b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.</p> <p>Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.</p> <p>If further information is needed concerning reporting itemized expenditures see Form CD 1 instructions.</p>			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS John Hickey 532 Watson Ave CITY/STATE Saint Louis MO 63119 EMPLOYER Missouri Pro Vote <input type="checkbox"/> COMMITTEE		7/25/2004 \$ 200	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Mae Hartman 2235 E. Humes Ln CITY/STATE Florissant MO 63033 EMPLOYER retired <input type="checkbox"/> COMMITTEE		7/27/2004 \$ 50	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Brown & Associates CITY/STATE 232 N Kingshighway Blvd Ste 202 EMPLOYER Saint Louis MO <input type="checkbox"/> COMMITTEE		7/27/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS DL Theime 1559 Voltaire Dr CITY/STATE Saint Louis MO 63146 EMPLOYER teacher <input type="checkbox"/> COMMITTEE		7/27/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Planned Parenthood Votes Saint Louis CITY/STATE 4251 Forest Park Ave EMPLOYER Saint Louis MO 63146 <input checked="" type="checkbox"/> COMMITTEE		7/28/2004 \$ 150	\$ 150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS James Kuhn 605 N Lindbergh CITY/STATE Florissant MO 63031 EMPLOYER Florissant Animal Hospital <input type="checkbox"/> COMMITTEE		7/28/2004 \$ 20	\$ 20 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Dale Devine 1110 Floridawn Dr CITY/STATE Florissant MO 63031 EMPLOYER retired <input type="checkbox"/> COMMITTEE		7/28/2004 \$ 40	\$ 40 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Sherri Talbott 6113 Quagans Ct CITY/STATE House Springs MO 63051 EMPLOYER Missouri NEA <input type="checkbox"/> COMMITTEE		7/29/2004 \$ 25	\$ 25 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL ITEMIZED CONTRIBUTIONS			
(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 9/1/2004	
<b>INSTRUCTIONS</b>			
<b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed  Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1  If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS Terri Coburn 818 Victoria Place CITY/STATE Saint Louis MO 63122 EMPLOYER Missouri NEA <input type="checkbox"/> COMMITTEE		7/29/2004 \$ 25	\$ 25 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Teamsters Joint Council 13 DRIVE PAC CITY/STATE 9041 Riverview Dr EMPLOYER Saint Louis MO 63137 <input checked="" type="checkbox"/> COMMITTEE		7/29/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS St Joseph Riverboat Parnters CITY/STATE 777 Winners Circle EMPLOYER Saint Joseph MO 64505 <input type="checkbox"/> COMMITTEE		7/29/2004 \$ 150	\$ 150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Mark Twain Casino LLC CITY/STATE 104 Pierce St EMPLOYER La Grange MO 63448 <input type="checkbox"/> COMMITTEE		7/29/2004 \$ 150	\$ 150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS HBAM PAC CITY/STATE 215 E Capitol Ave EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE		7/29/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Cathy Burdick 215 E Capitol Ave CITY/STATE Jefferson City MO 6510 EMPLOYER C TWA <input type="checkbox"/> COMMITTEE		7/29/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Keith Burdick 215 P Capitol Ave CITY/STATE Jefferson City MO 65101 EMPLOYER CITWA <input type="checkbox"/> COMMITTEE		7/29/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Health Care Leadership Committee State Account CITY/STATE 11648 Gravoird Rd Ste 235 EMPLOYER Saint Louis MO 63126 <input checked="" type="checkbox"/> COMMITTEE		7/29/2004 \$ 250	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>		--	
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

NAME OF COMMITTEE ZWE FEL FOR STATE REPRESENTATIVE		DATE 9/1/2004	
<b>INSTRUCTIONS</b>			
<b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed  Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1  If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS International Union of Operating Engineers Voluntary PAF 2929 S Jefferson Ave CITY/STATE Saint Louis MO 63118 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE		8/31/2004 \$ 200	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Florissant Professional Firefighters 16 Muirfield Place CITY/STATE St Charles MO 63304 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE		8/31/2004 \$ 200	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Patricia Lampert 8752A Santa Bella CITY/STATE Hazelwood MO 63042 EMPLOYER retired <input type="checkbox"/> COMMITTEE		7/31/2004 \$ 20	\$ 20 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Deidre Gallagher 3105 Longfellow Blvd CITY/STATE Saint Louis MO 63104 EMPLOYER Fox Calvin Law Firm <input type="checkbox"/> COMMITTEE		8/1/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Bank of America 800 Market Street 15th Floor CITY/STATE Saint Louis MO 63101 EMPLOYER <input type="checkbox"/> COMMITTEE		8/1/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS William Sieckman 200 Gerald Ave CITY/STATE Florissant MO 63031 EMPLOYER retired <input type="checkbox"/> COMMITTEE		8/4/2004 \$ 20	\$ 20 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Michelle Woods 17 Oak Terrace Dr CITY/STATE St Peters MO 63376 EMPLOYER homemaker <input type="checkbox"/> COMMITTEE		8/4/2004 \$ 25	\$ 25 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Scott Hill 30 Eddie Ct CITY/STATE Harvester MO 63304 Teamsters Local 682 EMPLOYER <input type="checkbox"/> COMMITTEE		8/4/2004 \$ 25	\$ 25 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			


**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 9/1/2004	
<b>INSTRUCTIONS</b>			
<p><b>PURPOSE.</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.</p> <p>Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.</p> <p>If further information is needed concerning reporting itemized expenditures see Form CD 1 instructions.</p>			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS United Transportation Union PAC CITY/STATE 222 A Madison St EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE		8/4/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Branch 343 National Assoc ation of Letter Carriers PAF CITY/STATE 2225 Blendon EMPLOYER Saint Louis MO 63148 <input checked="" type="checkbox"/> COMMITTEE		8/11/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Glaziers Local Union 513 PAC CITY/STATE 5916 Wilson Ave EMPLOYER Saint Louis MO 63110 <input checked="" type="checkbox"/> COMMITTEE		8/14/2004 \$ 250	\$ 150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Electrical Workers Voluntary Political Education and Legislative Funds CITY/STATE 5850 Elizabeth Ave EMPLOYER Saint Louis MO 63110 <input checked="" type="checkbox"/> COMMITTEE		8/14/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Eastern Missouri Laborers Educational and Benevolent Fund CITY/STATE 3450 Hollenberg Dr EMPLOYER Bridgeton MO 63044 <input checked="" type="checkbox"/> COMMITTEE		8/14/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Brotherhood of Locomotive Engineers PAC Fund CITY/STATE 1934 Windriver Drive EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE		8/14/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Carol Stroker CITY/STATE 527 Monday Ave EMPLOYER Hazelwood MO 63042 sell employed realtor <input type="checkbox"/> COMMITTEE		8/15/2004 \$ 50	\$ 20 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Gerald & Mary Kappauff CITY/STATE 3635 Seville Dr EMPLOYER Florissant MO 63033 retired <input type="checkbox"/> COMMITTEE		8/15/2004 \$ 10	\$ 10 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL ITEMIZED CONTRIBUTIONS			
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			




**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 9/1/2004	
<b>INSTRUCTIONS</b>			
<b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.			
Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.			
If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b>		<b>4 DATE RECEIVED</b>	<b>5 AMOUNT RECEIVED</b>
FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		AGGREGATE TO DATE	(CHECK IF MONETARY OR IN-KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS      Brian Liffeler 4101 Shotwell Rd CITY / STATE      Gerald MO 63037 EMPLOYER      Roadway Express <input type="checkbox"/> COMMITTEE		8/15/2004 \$ 50	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>			
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			



**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 INSTRUCTIONS ON REVERSE SIDE

1 NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		2 REPORT DATE 9/1/2004	
A EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)			4 AMOUNT PAID OR INCURRED THIS PERIOD
3 CATEGORY OF EXPENDITURE Volunteer Food & Supplies			\$ 94 53
5 SUBTOTAL NON ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$ 94 53
6 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+ \$ 0 00
7 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$ 94 53
B ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		9 DATE	10 PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)
8 NAME AND ADDRESS OF RECIPIENT			11 AMOUNT THIS PERIOD
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS View Supplemental Form(s)			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
12 SUBTOTAL THIS PAGE (SUM COLUMN 11)			\$ 0 00
13 SUBTOTAL ANY ATTACHED PAGES			+ \$ 11,348 71
14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$ 11,348 71
15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ 11,443 24
16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ 11,443 24
17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$
18 IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD LIST AMOUNT			\$ 0 00
19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$ 0 00
C MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21 DATE	22 AMOUNT
20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			
NAME Friend. of Claire McCaskill			
ADDRESS 8780 Manchester Road		8/15/2004	
CITY / STATE PO Box 5771			\$ 1 200 00
Brentwood Missouri 63144			
NAME			\$
ADDRESS			
CITY / STATE			\$
NAME			\$
ADDRESS			
CITY / STATE			\$
23 SUBTOTAL THIS PAGE (SUM COLUMN 22)			\$ 1,200 00
24 SUBTOTAL ANY ATTACHED PAGES			+ \$ 0 00
25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)			\$ 1,200 00
26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT			\$ 0 00
27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)			\$ 1,200 00
28 IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT			\$ 0 00


**MISSOURI ETHICS COMMISSION**  
**ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		REPORT DATE 9/1/2004	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		DATE	PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)
NAME AND ADDRESS OF RECIPIENT			AMOUNT THIS PERIOD
NAME Office Depot ADDRESS 12542 St Charles Rock Rd CITY/STATE Bridgeton MO 63044	7/29/2004	Office Supplies \$ 0 00	\$ 19 12 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME Corey Schaaf ADDRESS 149 F Cumberland Park CITY/STATE Ballwin MO 63011	7/30/2004	printing design \$ 0 00	\$ 233 75 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME Melissa Threadgill ADDRESS 3330 Cherry Valley Rd CITY/STATE Allegany NY 14706	7/30/2004	campaign consul \$ 2 200 00	\$ 2 200 00 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME Brandon Fuhr ADDRESS 548 Queen Anns Ct CITY/STATE Hazelwood MO 63042	7/30/2004	gas reimburseme \$ 0 00	\$ 50 00 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME Dell Computers ADDRESS PO Box 6403 CITY/STATE Carol Stream IL 60197	8/2/2004	printer ink \$ 0 00	\$ 72 96 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME Schnuks ADDRESS Shackleford CITY/STATE Florissant MO 63031	8/3/2004	food for volunt \$ 0 00	\$ 44 29 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME Fortell & Pizza ADDRESS 2782 N Lindbergh CITY/STATE Florissant MO 63033	8/3/2004	food for volunt \$ 0 00	\$ 74 90 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME United States Post Office ADDRESS Carr Station CITY/STATE Florissant MO 63031	8/13/2004	postage \$ 0 00	\$ 830 00 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME Office Depot ADDRESS 12542 St Charles Rock Rd CITY/STATE Bridgeton MO 63044	8/14/2004	office supplies \$ 0 00	\$ 76 36 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME Steinline Embroidery ADDRESS 550 Bracken Ave CITY/STATE Las Vegas NV 89104	8/15/2004	campaign shirts \$ 0 00	\$ 155 00 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME Schnuks ADDRESS Shackleford CITY/STATE Florissant MO 63031	8/15/2004	food for party \$ 0 00	\$ 11 78 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME Gus & Pretzels ADDRESS 1820 Arsenal Ave CITY/STATE Saint Louis MO 63118	8/15/2004	food for party \$ 0 00	\$ 80 23 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME Ted Drew & ADDRESS South Grand CITY/STATE Saint Louis MO	8/15/2004	food for party \$ 0 00	\$ 44 97 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME Midway Carnival Supplies ADDRESS 11434 St Charles Rock Rd CITY/STATE Bridgeton MO 63044	8/15/2004	party decoratio \$ 0 00	\$ 30 21 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME Clint Zweifel ADDRESS 1960 Acorn Trail Dr CITY/STATE Florissant MO 63031	8/15/2004	reimbursements \$ 0 00	\$ 355 00 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13 SUBTOTAL ANY ATTACHED PAGES ON FORM CD 3)			\$ --

**MISSOURI ETHICS COMMISSION**  
**ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		REPORT DATE 9/1/2004	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS NAME AND ADDRESS OF RECIPIENT		DATE	PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)
			AMOUNT THIS PERIOD
NAME Cingular Wireless ADDRESS Post Office Box 65055 CITY / STATE Dallas Texas 75265		8/16/2004	phone \$ 0 00 <input type="checkbox"/> PAID 100 00 <input type="checkbox"/> INCURRED
NAME Strategic Services ADDRESS 499 South Capitol St SW CITY / STATE Ste 510 Washington DC 20003		8/18/2004	poll \$ 0 00 <input type="checkbox"/> PAID 6 500 00 <input type="checkbox"/> INCURRED
NAME SBC ADDRESS PO Box 930170 CITY / STATE Dallas TX 75393		8/18/2004	phones \$ 0 00 <input type="checkbox"/> PAID 470 14 <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13 "SUBTOTAL ANY ATTACHED PAGES" ON FORM CD-3)			\$ --


**MISSOURI ETHICS COMMISSION  
INDEPENDENT CONTRACTOR EXPENDITURE**

INSTRUCTIONS ON REVERSE SIDE



NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE			DATE 9/1/2004	
ITEMIZED EXPENDITURES ON PAYMENT TO INDEPENDENT CONTRACTOR (NAME AND ADDRESS OF RECIPIENT)	DATE	DESCRIPTION OF SERVICES RENDERED	PRO-RATED COST FOR SERVICE	TOTAL AMOUNT PAID
Melissa Threadgill 3330 Cherry Valley Rd Allegany NY 14706	7/30/2004	general campaign consulting	\$ 0 00	\$ 2 200 00
Strategic Services 499 South Capitol St SW Ste 510 Washington DC 20003	8/18/2004	polling	\$ 0 00	\$ 6 500 00
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
SUBTOTAL THIS PAGE →				\$ 8 700 00



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

MEC ID NO CD10402

1 DATE OF REPORT	OFFICE USE ONLY
7/26/2004	

INSTRUCTIONS ON REVERSE SIDE

2 FULL NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	
3 COMMITTEE MAILING ADDRESS 1960 ACORN TRAIL DRIVE CITY / STATE / ZIP FLORISSANT MO 63031	4 COMMITTEE TELEPHONE NUMBER  (314) 972 1990
5 TREASURER'S NAME JANICE SMITH	
6 TREASURER'S MAILING ADDRESS 1960 ACORN TRAIL DRIVE CITY / STATE / ZIP FLORISSANT MO 63031	7 TREASURER'S TELEPHONE NUMBER HOME (314) 972 1990 WORK (314) 731-3969
8 DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9 DEPUTY TREASURER'S MAILING ADDRESS	10 DEPUTY TREASURER'S TELEPHONE NUMBER HOME WORK
11 DATE OF ELECTION 6/3/2004	12 TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13 TIME PERIOD COVERED BY THIS STATEMENT FROM 7/1/2004 THROUGH 7/22/2004	
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATE'S NAME ADDRESS PHONE OFFICE SOUGHT POLITICAL SUBDIVISION AND POLITICAL PARTY  CLINT ZWEIFEL 1960 ACORN TRAIL FLORISSANT MO 63031  (314) 972-1990  STATE REPRESENTATIVE DISTRICT 78  <input type="checkbox"/> CHECK IF INCUMBENT  <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/> _____	15 TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input checked="" type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO 3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____ 20____
16 COMMITTEE TREASURER'S SIGNATURE  I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE  <u>ELECTRONICALLY FILED Jul 26 2004 4 37PM</u> TREASURER'S SIGNATURE	17 CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)  I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE  <u>ELECTRONICALLY FILED Jul 26 2004 4 37PM</u> CANDIDATE'S SIGNATURE



**Missouri Ethics Commission**  
**REPORT SUMMARY**  
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE  
**ZWEIFEL FOR STATE  
 REPRESENTATIVE**

DATE OF  
 REPORT  
 7/26/200

RECEIPTS		A THIS PERIOD	B THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION		
1	TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 40 570 00			
2	ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 6 700 00		<b>MONEY ON HAND</b>		
3	ALL LOANS RECEIVED THIS PERIOD	+ \$ 0 00				
4	MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 0 00				
5	SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 6 700 00				
6	IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 0 00		25	MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY CASH SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 34,556 27
7	TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 6 700 00		26	MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ \$ 6,700 00
8	FUNDS USED FOR REPAYING LOANS THIS PERIOD	- \$ 0 00		27	MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24 )	\$ 3,412 41
9	TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A 8A)	\$ 47 270 00		a) Disbursements By Check \$ _____ b) Disbursements By Cash \$ _____		
<b>EXPENDITURES</b>		<b>A THIS PERIOD</b>	<b>B THIS ELECTION</b>	28	MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 27)	\$ 37 843 86
10	TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 20 086 10	<b>INDEBTEDNESS</b>		
11	EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 3 412 41				
12	IN-KIND EXPENDITURES MADE THIS PERIOD	+ \$ 0 00				
13	DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 0 00				
14	TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 3 412 41		29	OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0 00
15	TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)	\$ 23 498 51		30	LOANS RECEIVED THIS PERIOD	+ \$ 0 00
<b>CONTRIBUTIONS MADE</b>		<b>A THIS PERIOD</b>	<b>B THIS ELECTION</b>	31	NEW DEBTS INCURRED THIS PERIOD	+ \$ 0 00
16	TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED	\$ 0 00		32	PAYMENTS MADE ON LOANS THIS PERIOD	\$ 0 00
17	ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 0 00		33	CREDITS RECEIVED ON LOANS THIS PERIOD	\$ 0 00
18	ALL IN KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$ 0 00		34	PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	\$ 0 00
19	TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 0 00		35	TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 32 33 34)	\$ 0.00
20	TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)	\$ 0 00				
<b>OTHER DISBURSEMENTS</b>		<b>A THIS PERIOD</b>	<b>B THIS ELECTION</b>			
21	FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$ 0 00				
22	PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$ 0 00				
23	ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$ 0 00				
24	TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0 00				



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE



1 NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		2 REPORT DATE 7/26/2004	
A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
View Supplemental Form(s)			
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0 00	
7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 6 700 00	
8 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 6 700 00	
9 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 6 700 00	
10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN KIND CONTRIBUTIONS		\$ 0 00	
B NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11 TOTAL CONTRIBUTIONS RECEIVED AT FUND RAISERS AS REPORTED IN LINE 8 ON FORM CD1A		\$ 0 00	
12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0 00	
13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0 00	
14 TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0 00	
C LOANS RECEIVED		17 AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD 18)	
15 NAME AND ADDRESS OF LENDER		16 DATE RECEIVED	
NAME ADDRESS CITY / STATE			\$
NAME ADDRESS CITY / STATE			\$
18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)		\$ 0 00	
19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES		\$ 0 00	
20 TOTAL LOANS THIS PERIOD (SUM 18 + 19)		\$ 0 00	
21 TOTAL ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0 00	
22 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 & 13)		\$ 6,700 00	
23 MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9 13 & 20)		\$ 6 700 00	




**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 7/26/2004	
<b>INSTRUCTIONS</b>			
<p><b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed</p> <p>Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1</p> <p>If further information is needed concerning reporting itemized expenditures see Form CD-1 instructions</p>			
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> - AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS      Stev n Roth 1531 Gerard Park CITY / STATE      Hazelwood MO 63042 EMPLOYER      financial/computers <input type="checkbox"/> COMMITTEE		7/7/2004 \$      150	\$      150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS      Aerospace Lodge 837 IAMAW PAC CITY / STATE      212 Utz Ln Hazelwood MO 63042 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE		7/7/2004 \$      300	\$      300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS      Ann Steele CITY / STATE      10221 St Dennis St Ann MO 63074 EMPLOYER      retired <input type="checkbox"/> COMMITTEE		7/9/2004 \$      50	\$      50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS      Carol Stroker CITY / STATE      527 Holiday Ave Hazelwood MO 63042 EMPLOYER      self employed realtor <input type="checkbox"/> COMMITTEE		7/11/2004 \$      30	\$      30 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS      Kay Cabbert CITY / STATE      1408 N Kingshighway Suite 500 St Louis MO 63113 EMPLOYER      Roberts Companies <input type="checkbox"/> COMMITTEE		7/12/2004 \$      30	\$      30 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS      Denis & Linda Watson CITY / STATE      7419 Foxcroft Hazelwood MO 63042 EMPLOYER      Systems & Electronics Inc <input type="checkbox"/> COMMITTEE		7/14/2004 \$      50	\$      50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS      Endsley Jones CITY / STATE      7214 Greenway Ave St Louis MO 63130 EMPLOYER      University of Missouri SL <input type="checkbox"/> COMMITTEE		7/14/2004 \$      300	\$      100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS      Ella Beltinger CITY / STATE      1506 Mississippi Ave St Louis MO 63104 EMPLOYER      retired <input type="checkbox"/> COMMITTEE		7/14/2004 \$      50	\$      50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL ITEMIZED CONTRIBUTIONS			
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)			


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 7/26/2004
---	-------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD-1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME ADDRESS Iron Worker Local 396 Voluntary Fund CITY/STATE 2500 South 59th Street EMPLOYER St Louis MO 63110 <input checked="" type="checkbox"/> COMMITTEE	7/14/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Bricklayers Local No 1 of Missouri Truth Committee CITY/STATE 2000 Market Street EMPLOYER St Louis MO 63103 <input checked="" type="checkbox"/> COMMITTEE	7/14/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Missouri AFL-CIO COPE CITY/STATE 208 Madison Street EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE	7/14/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Grey Eagle Distributors Inc CITY/STATE 2340 Millpark Drive EMPLOYER Maryland Heights MO 63043 <input type="checkbox"/> COMMITTEE	7/15/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Fraser for State Representative CITY/STATE 581 Stratford Ave EMPLOYER St Louis MO 63130 <input checked="" type="checkbox"/> COMMITTEE	7/15/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Marvin Boisseau CITY/STATE 8701 Delmar 4D EMPLOYER St Louis MO 63124 retired <input type="checkbox"/> COMMITTEE	7/17/2004 \$ 60	\$ 60 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Heather Reiter CITY/STATE 657 Woodchuck Ln EMPLOYER Lake St Louis MO 63367 <input type="checkbox"/> COMMITTEE	7/17/2004 \$ 50	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Gas Workers Local 15-6 Voluntary Political Action Committee CITY/STATE 7750 Olive Boulevard EMPLOYER St Louis MO 63136 <input checked="" type="checkbox"/> COMMITTEE	7/19/2004 \$ 300	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL ITEMIZED CONTRIBUTIONS**

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)


**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 7/26/2004	
<b>INSTRUCTIONS</b>			
<b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed  Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1  If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS Charles & Barbara Kueh 8332 Racquet Drive CITY/STATE St Louis MO 63121 EMPLOYER Retired <input type="checkbox"/> COMMITTEE		7/1/2004 \$ 100	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Beverly & Milton Powell 444 Briarwyck Drive CITY/STATE Ballwin MO 63011 EMPLOYER retired <input type="checkbox"/> COMMITTEE		7/3/2004 \$ 75	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Jo Ann Hughes 2 Arrowhead Estates Lane CITY/STATE Chesterfield MO 63017 EMPLOYER retired <input type="checkbox"/> COMMITTEE		7/6/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Tracy McCreery 41 Rye Lane CITY/STATE Saint Louis MO 63132 EMPLOYER Aide state of Missouri <input type="checkbox"/> COMMITTEE		7/6/2004 \$ 150	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS AMEC PAC 2722 E McCarty PO BOX 1645 CITY/STATE Jefferson City MO 65101 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE		7/6/2004 \$ 300	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Joseph Jarrew 3356 Tuscany Hills Court CITY/STATE Bridgeton MO 63044 EMPLOYER Attorney <input type="checkbox"/> COMMITTEE		7/6/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Kathleen Kelly Burkett 2023 Huntington Ave CITY/STATE Overland MO 63114 EMPLOYER Representative (St Louis County Council) <input type="checkbox"/> COMMITTEE		7/6/2004 \$ 200	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Richard Powell 7 Amber Grain Ct CITY/STATE O Fallon MO 63366 EMPLOYER computers <input type="checkbox"/> COMMITTEE		7/6/2004 \$ 25	\$ 25 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
TOTAL ITEMIZED CONTRIBUTIONS			
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)			


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 7/26/2004
---	-------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE 3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME ADDRESS Junette Henson 733 Riderwood Dr CITY/STATE Hazelwood MO 63042 EMPLOYER ret'd <input type="checkbox"/> COMMITTEE	7/21/2004 \$ 25	\$ 25 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS HealthLink CITY/STATE 12443 Olive Boulevard St Louis MO 63141 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	7/21/2004 \$ 300	\$ 150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Amanda Kist 725 W Canterbury Rd Apt 8 CITY/STATE St Louis MO 63132 EMPLOYER Express Scripts <input type="checkbox"/> COMMITTEE	7/21/2004 \$ 55	\$ 30 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Credit Union Political Action Committee CITY/STATE 2055 Craigshire Dr St Louis MO 63146 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	7/8/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Missouri State Council Firefighters PAC CITY/STATE 6320 Manchester Ave Suite 41A Kansas City MO 64133 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	7/19/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Laborers Local Union 662 Voluntary Political Fund CITY/STATE 209 Flora Dr Jefferson City MO 65101 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	7/21/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Painters District Council No 2 CITY/STATE 2501 59th Street St Louis, MO 63110 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	7/22/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Missouri State Council of Machinist PAC CITY/STATE 12365 St Charles Rock Rd Bridgeton MO 63044 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	7/20/2004 \$ 250	\$ 250 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>		--
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)		


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 7/26/2004	
<b>INSTRUCTIONS</b>			
<b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed  Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1  If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS Quarry Workers Local Un on 829 Voluntary Political Fund CITY/STATE 380 Market Street EMPLOYER Ste Genevieve MO 63670 <input checked="" type="checkbox"/> COMMITTEE		7/20/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Roofers Local #20 PAC CITY/STATE 6301 Rockhill Rd Ste 420 EMPLOYER Kansas City 64131 <input checked="" type="checkbox"/> COMMITTEE		7/19/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS US Bancorp CITY/STATE 800 Nicollet Mall EMPLOYER Minneapolis MN 55042 <input type="checkbox"/> COMMITTEE		7/19/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Local 124 Voluntary Political Fund CITY/STATE 301 East 103rd Terrace EMPLOYER Kansas City MO 64114 <input checked="" type="checkbox"/> COMMITTEE		7/19/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Slay for Mayor 2005 CITY/STATE 6659 Itaska St EMPLOYER St Louis MO 63109 <input checked="" type="checkbox"/> COMMITTEE		7/20/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Harris for the House CITY/STATE PO Box 7214 EMPLOYER Columbia MO 65205 <input checked="" type="checkbox"/> COMMITTEE		7/21/2004 \$ 50	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Shirley Breeze CITY/STATE 138 Kings Drive EMPLOYER Florissant MO 63034 ret: ed <input type="checkbox"/> COMMITTEE		7/21/2004 \$ 50	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS MAMP-PAC CITY/STATE 13610 Barrett Office Drv STE 112 EMPLOYER Manchester MO 63021 <input checked="" type="checkbox"/> COMMITTEE		7/21/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL ITEMIZED CONTRIBUTIONS			
(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)			


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 7/26/2004
---	-------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME ADDRESS Brian Schlitt 1241 Tealwood Dr CITY / STATE St. Charles MO 63304 EMPLOYER firefighter <input type="checkbox"/> COMMITTEE	7/19/2004 \$ 250	\$ 250 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Clint /weifel 1960 Acorn Trail Dr CITY / STATE Florissant MO 63031 EMPLOYER Teachers 688/State Rep <input type="checkbox"/> COMMITTEE	7/20/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Express Scripts Inc CITY / STATE 13900 Riverport Drive EMPLOYER Maryland Heights MO 63043 <input type="checkbox"/> COMMITTEE	7/21/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL ITEMIZED CONTRIBUTIONS**

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 INSTRUCTIONS ON REVERSE SIDE

<b>1 NAME OF COMMITTEE</b> ZWEIFEL FOR STATE REPRESENTATIVE		<b>2 REPORT DATE</b> 7/26/2004	
<b>A EXPENDITURES OF \$100 OR LESS BY CATEGORY</b> (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)			<b>4 AMOUNT PAID OR INCURRED THIS PERIOD</b>
<b>3 CATEGORY OF EXPENDITURE</b> Volunteer Supplies (food etc )			\$ 50 00
			\$
<b>5 SUBTOTAL NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)</b>			\$ 50 00
<b>6 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGES</b>			+ \$ 0 00
<b>7 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)</b>			\$ 50 00
<b>B ITEMIZED EXPENDITURES ALL OVER \$100</b> <b>AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>		<b>9 DATE</b>	<b>10 PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)</b>
<b>8 NAME AND ADDRESS OF RECIPIENT</b>			<b>11 AMOUNT THIS PERIOD</b>
NAME Dell Computers ADDRESS PO Box 6403 CITY/STATE Carol Stream Illinois		7/9/2004	computer \$ 1 498 52 <input checked="" type="checkbox"/> PAID 1 498 52 <input type="checkbox"/> INCURRED
NAME Melissa Threadgill ADDRESS 1103 Louisville Ave Apt 25 CITY/STATE St Louis MO 63139		7/15/2004	consulting fees \$ 2,200 00 <input checked="" type="checkbox"/> PAID 1 100 00 <input type="checkbox"/> INCURRED
NAME United States Postal Service ADDRESS Carr Station PO CITY/STATE Florissant MO 63031		7/20/2004	postage \$ 0 00 <input checked="" type="checkbox"/> PAID 222 00 <input type="checkbox"/> INCURRED
NAME Effingers Printing ADDRESS 12703 Pennridge Drive CITY/STATE Bridgeton MO 63044		7/20/2004	printing \$ 0 00 <input checked="" type="checkbox"/> PAID 516 89 <input type="checkbox"/> INCURRED
NAME Hazelwood Parks & Recreation ADDRESS Howdershell Rd Hazelwood MO CITY/STATE		7/13/2004	park rental fee \$ 25 00 <input checked="" type="checkbox"/> PAID 25 00 <input type="checkbox"/> INCURRED
<b>12 SUBTOTAL THIS PAGE (SUM COLUMN 11)</b>			\$ 3 362 41
<b>13 SUBTOTAL ANY ATTACHED PAGES</b>			+ \$ 0 00
<b>14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)</b>			\$ 3 362 41
<b>15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)</b>			\$ 3 412 41
<b>16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD</b>			\$ 3 412 41
<b>17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD</b>			\$
<b>18 IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD LIST AMOUNT</b>			\$ 0 00
<b>19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)</b>			\$ 0 00
<b>C MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)</b>		<b>21 DATE</b>	<b>22 AMOUNT</b>
<b>20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE</b>			
NAME ADDRESS CITY/STATE			\$
NAME ADDRESS CITY/STATE			\$
NAME ADDRESS CITY/STATE			\$
<b>23 SUBTOTAL THIS PAGE (SUM COLUMN 22)</b>			\$
<b>24 SUBTOTAL ANY ATTACHED PAGES</b>			+ \$ 0 00
<b>25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)</b>			\$
<b>26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT</b>			\$ 0 00
<b>27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)</b>			\$
<b>28 IF COMMITTEE MADE ANY IN KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT</b>			\$ 0 00

FORM CD3



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

MEC ID NO C010402

1 DATE OF REPORT	OFFICE USE ONLY
7/15/2004	

INSTRUCTIONS ON REVERSE SIDE

2 FULL NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	
3 COMMITTEE MAILING ADDRESS 1960 ACORN TRAIL DRIVE CITY/STATE/ZIP FLORISSANT MO 63031	4 COMMITTEE TELEPHONE NUMBER  (314) 972 1990
5 TREASURER'S NAME JANICE SMITH	
6 TREASURER'S MAILING ADDRESS 1960 ACORN TRAIL DRIVE CITY/STATE/ZIP FLORISSANT MO 63031	7 TREASURER'S TELEPHONE NUMBER HOME (314) 972-1990 WORK (314) 731-3969
8 DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9 DEPUTY TREASURER'S MAILING ADDRESS	10 DEPUTY TREASURER'S TELEPHONE NUMBER HOME WORK
11 DATE OF ELECTION 11/2/2004	12 TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13 TIME PERIOD COVERED BY THIS STATEMENT FROM 4/1/2004 THROUGH 6/30/2004	
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATE'S NAME ADDRESS PHONE OFFICE SOUGHT POLITICAL SUBDIVISION AND POLITICAL PARTY  CLINT ZWEIFEL 1960 ACORN TRAIL FLORISSANT MO 63031 (314) 972 1990 STATE REPRESENTATIVE DISTRICT 78  <input type="checkbox"/> CHECK IF INCUMBENT  <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15 TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input checked="" type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16 COMMITTEE TREASURER'S SIGNATURE  I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE  ELECTRONICALLY FILED Jul 14 2004 4 20PM TREASURER'S SIGNATURE	17 CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)  I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE  ELECTRONICALLY FILED Jul 14 2004 4 20PM CANDIDATE'S SIGNATURE





**Missouri Ethics Commission**  
**REPORT SUMMARY**  
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE  
 ZWEIFEL FOR STATE  
 REPRESENTATIVE

DATE OF  
 REPORT  
 7/15/200

RECEIPTS		A THIS PERIOD	B THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1	TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 33 380 00		
2	ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 6 690 00			
3	ALL LOANS RECEIVED THIS PERIOD	+ \$ 0 00			
4	MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 0 00			
5	SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 6 690 00			
6	IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 500 00			
7	TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 7 190 00			
8	FUNDS USED FOR REPAYING LOANS THIS PERIOD	\$ 0 00			
9	TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A 8A)		\$ 40 570 00		
EXPENDITURES		A. THIS PERIOD	B THIS ELECTION		
10	TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 4 824 90		
11	EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 15 261 20			
12	IN-KIND EXPENDITURES MADE THIS PERIOD	+ \$ 0 00			
13	DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 0 00			
14	TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 15 261 20			
15	TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 20 086 10		
CONTRIBUTIONS MADE		A. THIS PERIOD	B THIS ELECTION		
16	TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0 00		
17	ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 0 00			
18	ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$ 0 00			
19	TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 0 00			
20	TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$ 0 00		
OTHER DISBURSEMENTS		A THIS PERIOD	B THIS ELECTION		
21	FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$ 0 00			
22	PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$ 0 00			
23	ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$ 0 00			
24	TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0 00			
				<b>MONEY ON HAND</b>	
				25 MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY CASH SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 43,127 47
				26 MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ \$ 6,690 00
				27 MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24 ) a) Disbursements By Check \$ b) Disbursements By Cash \$	\$ 15,261 20
				28 MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 27)	\$ 34,556 27
				<b>INDEBTEDNESS</b>	
				29 OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0 00
				30 LOANS RECEIVED THIS PERIOD	+ \$ 0 00
				31 NEW DEBTS INCURRED THIS PERIOD	+ \$ 0 00
				32 PAYMENTS MADE ON LOANS THIS PERIOD	\$ 0 00
				33 CREDITS RECEIVED ON LOANS THIS PERIOD	- \$ 0.00
				34 PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	\$ 0 00
				35 TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 32 33 34)	\$ 0 00



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE



<b>1 NAME OF COMMITTEE</b> ZWEIFEL FOR STATE REPRESENTATIVE		<b>2 REPORT DATE</b> 7/15/2004	
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> - - - - - AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
View Supplemental Form(s)			
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
<b>6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)</b>		\$ 0 00	
<b>7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES</b>		+ \$ 7 190 00	
<b>8 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)</b>		\$ 7 190 00	
<b>9 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS</b>		\$ 6 690 00	
<b>10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN KIND CONTRIBUTIONS</b>		\$ 500 00	
<b>B NON-ITEMIZED CONTRIBUTIONS RECEIVED</b> (LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS)		<b>AMOUNT RECEIVED</b>	
<b>11 TOTAL CONTRIBUTIONS RECEIVED AT FUND RAISERS AS REPORTED INLINE 8 ON FORM CD1A</b>		\$ 0 00	
<b>12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS</b>		\$ 0 00	
<b>13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS</b>		\$ 0 00	
<b>14 TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS</b>		\$ 0 00	
<b>C LOANS RECEIVED</b>		<b>16 DATE RECEIVED</b>	
<b>15 NAME AND ADDRESS OF LENDER</b>		<b>17 AMOUNT OF LOAN</b> (IF MORE THAN \$100 ATTACH CD 1B)	
NAME ADDRESS CITY / STATE		\$	
NAME ADDRESS CITY / STATE		\$	
<b>18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)</b>		\$ 0 00	
<b>19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES</b>		\$ 0 00	
<b>20 TOTAL LOANS THIS PERIOD (SUM 18 + 19)</b>		\$ 0 00	
<b>21 TOTAL ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)</b>		\$ 500 00	
<b>22 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 &amp; 13)</b>		\$ 6 690 00	
<b>23 MONETARY CONTRIBUTIONS &amp; LOANS RECEIVED REQUIRING A RECORD OF NAME &amp; ADDRESS (SUM 9 13 &amp; 20)</b>		\$ 6 690 00	


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 7/15/2004
---	-------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed

Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE 3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME ADDRESS A-B Recycling Corporation CITY/STATE P O Box 1780 EMPLOYER Jefferson City MO 65101 <input type="checkbox"/> COMMITTEE	6/17/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS House Democratic Campaign Committee CITY/STATE 208 Madison Street EMPLOYER PO Box 2235 Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE	6/1/2004 \$ 0	\$ 300 00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN KIND
NAME ADDRESS Charles Ernst Jr CITY/STATE 80 Florisota Drive EMPLOYER Florissant MO 63031 retired <input type="checkbox"/> COMMITTEE	6/22/2004 \$ 100	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Missouri NEA-PAC CITY/STATE 1810 East Elm Street EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE	6/22/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS UPSPAC-Missouri CITY/STATE 55 Glenlake Parkway N E EMPLOYER Atlanta Georgia 30328 <input checked="" type="checkbox"/> COMMITTEE	6/24/2004 \$ 300	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Ameren EU PAC CITY/STATE PO Box 780 EMPLOYER Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE	6/25/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Friends of Vicky Wilson CITY/STATE PO Box 957 EMPLOYER Columbia MO 65205 <input checked="" type="checkbox"/> COMMITTEE	6/28/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS HealthPAC CITY/STATE PO Box 60 EMPLOYER Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE	6/28/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL ITEMIZED CONTRIBUTIONS**

(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 7/15/2004
---	-------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE 3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
NAME ADDRESS AMEC PAC CITY/STATE 2722 E McCarty PO Box 1645 EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE	6/29/2004 \$ 200	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Ryan Rhodes CITY/STATE 1628 19th Street NW Apt 2 EMPLOYER Washington DC 20009 Tom Daschle <input type="checkbox"/> COMMITTEE	6/29/2004 \$ 20	\$ 20 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Missouri Physical Therapy Association PAC CITY/STATE 1330 YMCA Dr STE 1200 EMPLOYER Festus MO 63028 <input type="checkbox"/> COMMITTEE	6/29/2004 \$ 159	\$ 150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Yvonne Forter CITY/STATE 2585 Lindsay Ln EMPLOYER Florissant MO 63031 Accountant Southwestern Bell <input type="checkbox"/> COMMITTEE	6/30/2004 \$ 100	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Missouri Beer Wholesalers Association CITY/STATE 1116 South Towne Square Suite 306 EMPLOYER Saint Louis MO 63123 <input checked="" type="checkbox"/> COMMITTEE	6/30/2004 \$ 200	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS International Association of Heat & Asbestos Workers CITY/STATE 3325 Hollenberg Drive EMPLOYER Bridgeton MO 63044 <input checked="" type="checkbox"/> COMMITTEE	6/30/2004 \$ 300	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Linda Ewing CITY/STATE 469 St Clair EMPLOYER Grosse Pointe Michigan 48230 UAW <input type="checkbox"/> COMMITTEE	4/8/2004 \$ 30 00	\$ 30 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS KCP&L CITY/STATE 1201 Walnut Street EMPLOYER Kansas City Missouri 64141 <input checked="" type="checkbox"/> COMMITTEE	4/16/2004 \$ 300 00	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL ITEMIZED CONTRIBUTIONS**

(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)


**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS RECEIVED SUPPLEMENTAL**


NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 7/15/2004	
<b>INSTRUCTIONS</b>			
<p><b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed</p> <p>Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1</p> <p>If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions</p>			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS Endsley Jones 7214 Greenway Avenue CITY / STATE St Louis Missouri 63103 EMPLOYER UM-St Louis and Self Employed <input type="checkbox"/> COMMITTEE		4/22/2004 \$ 200 00	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Michael Wittmer 6307 Hazelcrest Court Suite 200 CITY / STATE Hazelwood Missouri 63042 EMPLOYER Self-Employed <input type="checkbox"/> COMMITTEE		4/22/2004 \$ 100 00	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Betty Eberley CITY / STATE 3513 Blue Wing Court EMPLOYER Dickinson Texas 77539 <input type="checkbox"/> COMMITTEE		4/24/2004 \$ 25 00	\$ 25 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Patrick Raftery 1724 Foxglove Drive CITY / STATE St Charles Missouri 63033 EMPLOYER Teamsters Local 688 <input type="checkbox"/> COMMITTEE		4/30/2004 \$ 300 00	\$ 150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Kristin Geon 5644 Neosho Street CITY / STATE St Louis Missouri 63109 EMPLOYER Elsevier <input type="checkbox"/> COMMITTEE		5/15/2004 \$ 0	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Nancy Yoke 1229 NE Birchwood Drive CITY / STATE Lee Summit Missouri 64086 EMPLOYER IBT <input type="checkbox"/> COMMITTEE		5/17/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Diana Butler 5260 King Park Drive CITY / STATE St Louis Missouri 63129 EMPLOYER Insurance and Welfare <input type="checkbox"/> COMMITTEE		5/17/2004 \$ 0	\$ 15 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Missouri Medical Political Action Committee CITY / STATE Post Office Box 1402 EMPLOYER Jefferson City Missouri 65102 <input checked="" type="checkbox"/> COMMITTEE		5/10/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL ITEMIZED CONTRIBUTIONS			
(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			



# MISSOURI ETHICS COMMISSION

## CONTRIBUTIONS RECEIVED SUPPLEMENTAL



NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 7/15/2004	
<b>INSTRUCTIONS</b>			
<p><b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.</p> <p>Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.</p> <p>If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.</p>			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS Friends of Michael Vogt CITY / STATE 6035 Weber Road EMPLOYER St. Louis Missouri 63123 <input checked="" type="checkbox"/> COMMITTEE		6/4/2004 \$ 0	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Sara J. Brundick-Harist CITY / STATE Post Office Box 160 EMPLOYER Pacific Missouri 63069 Financial Services <input type="checkbox"/> COMMITTEE		5/22/2004 \$ 0	\$ 250 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Mark D. Wylie CITY / STATE 1044 Perry Street EMPLOYER St. Charles Missouri 63301 Commercial Finance <input type="checkbox"/> COMMITTEE		5/22/2004 \$ 0	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Patrick T. Wylie CITY / STATE 39 Brar Cub Court EMPLOYER Wentzville Missouri 63385 Electrician Member of Local 1 <input type="checkbox"/> COMMITTEE		5/22/2004 \$ 0	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Steven Wylie CITY / STATE 2190 Old Leasburg Road EMPLOYER Leasburg Missouri 65535 Elevator Constructor Member of Local 3 <input type="checkbox"/> COMMITTEE		5/22/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Dale Smith CITY / STATE 1212 Northeast 96th Terrace EMPLOYER Kansas City Missouri 64155 True Care Pharmacy <input type="checkbox"/> COMMITTEE		5/22/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Steve Morris CITY / STATE 1079 Camargo Drive EMPLOYER Ballwin Missouri 63011 Teamsters Local 688 <input type="checkbox"/> COMMITTEE		6/1/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Joseph Galli CITY / STATE 1822 Parsonage Drive EMPLOYER Chesterfield Missouri 63005 Teamsters Local 688 <input type="checkbox"/> COMMITTEE		6/3/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>			
(CARRY TO ITEM 7 "SUBTOTAL" ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 7/15/2004	
<b>INSTRUCTIONS</b>			
<b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed  Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1  If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions			
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS Missouri School Alliance PAC CITY/STATE 398 Dix Road Suite 201 EMPLOYER Jefferson City Missouri 65109 <input checked="" type="checkbox"/> COMMITTEE		6/7/2004 \$ 0	\$ 250 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Bent-Wood Incorporated CITY/STATE 1501 Charbonier Road EMPLOYER Florissant Missouri 63031 <input type="checkbox"/> COMMITTEE		6/14/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS TJW Management Inc CITY/STATE 1501 Charbonier Road EMPLOYER Florissant Missouri 63031 <input type="checkbox"/> COMMITTEE		6/14/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Missouri Union of Law Enforcement CITY/STATE 5976 Howdershell Rd Suite 109 EMPLOYER Hazelwood MO 63031 <input type="checkbox"/> COMMITTEE		6/1/2004 \$ 200	\$ 200 00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME ADDRESS Builders Assn PAC K C Chapter Assoc General CITY/STATE Contractors of America 632 West 39th Street EMPLOYER Kansas City MO 64111 <input checked="" type="checkbox"/> COMMITTEE		6/4/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Merck CITY/STATE Sunnyside Pike & Broad Street PO Box 4 EMPLOYER West Point PA 19486 <input type="checkbox"/> COMMITTEE		6/23/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Ameristar Casino St Charles CITY/STATE 1260 South main Street EMPLOYER St Charles MO <input type="checkbox"/> COMMITTEE		6/28/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS Ameristar Casino Kansas City CITY/STATE PO Box 33480 EMPLOYER Kansas City MO 64120 <input type="checkbox"/> COMMITTEE		6/30/2004 \$ 300	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>		--	
(CARRY TO ITEM 7 'SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED SUPPLEMENTAL**

<b>NAME OF COMMITTEE</b> ZWEIFEL FOR STATE REPRESENTATIVE	<b>DATE</b> 7/15/2004
--	--------------------------

**INSTRUCTIONS**

**PURPOSE** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures, see Form CD 1 Instructions.

<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE <b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>	<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
NAME ADDRESS James Dwyer 8460 Lindbergh North CITY / STATE Florissant MO 63031 EMPLOYER James Dwyer Insurance Agency <input type="checkbox"/> COMMITTEE	6/30/2004 \$ 50	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>TOTAL. ITEMIZED CONTRIBUTIONS</b>		
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)		





**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 INSTRUCTIONS ON REVERSE SIDE

1 NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		2 REPORT DATE 7/15/2004	
A EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)			4 AMOUNT PAID OR INCURRED THIS PERIOD
3 CATEGORY OF EXPENDITURE View Supplemental Form(s)			\$
			\$
5 SUBTOTAL NON ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$ 0 00
6 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+ \$ 220 00
7 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$ 220 00
B ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		9 DATE	10 PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)
8 NAME AND ADDRESS OF RECIPIENT			11 AMOUNT THIS PERIOD
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS View Supplemental Form(s)			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
12 SUBTOTAL THIS PAGE (SUM COLUMN 11)			\$ 0 00
13 SUBTOTAL ANY ATTACHED PAGES			+ \$ 15 041 20
14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$ 15 041 20
15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ 15 261 20
16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ 15 261 20
17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$
18 IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD LIST AMOUNT			\$ 0 00
19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$ 0 00
C MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21 DATE	22 AMOUNT
20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			
NAME			\$
ADDRESS			
CITY / STATE			\$
NAME			\$
ADDRESS			
CITY / STATE			\$
NAME			\$
ADDRESS			
CITY / STATE			\$
23 SUBTOTAL THIS PAGE (SUM COLUMN 22)			\$
24 SUBTOTAL ANY ATTACHED PAGES			+ \$ 0 00
25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)			\$
26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT			\$ 0 00
27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)			\$
28 IF COMMITTEE MADE ANY IN KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT			\$ 0 00



**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES OF \$100 OR LESS BY CATEGORY - SUPPLEMENTAL FORM**



NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 7/15/2004
<b>EXPENDITURES OF \$100 OR LESS BY CATEGORY</b> (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)		AMOUNT PAID OR INCURRED THIS PERIOD
CATEGORY OF EXPENDITURE		
District Map		\$ 25 00
Office Keys		\$ 3 17
Office Supplies		\$ 57 83
Waste Removal		\$ 84 00
Volunteer Supplies		\$ 50 00
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL ITEMIZED EXPENDITURES THIS PAGE		
(CARRY TO ITEM 13 "SUBTOTAL ANY ATTACHED PAGES ON FORM CD-3)		\$ -


**MISSOURI ETHICS COMMISSION**  
**ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		REPORT DATE 7/15/2004	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		DATE	PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)
NAME AND ADDRESS OF RECIPIENT			AMOUNT THIS PERIOD
NAME Melissa Threadgill ADDRESS 1103 Louisville Ave CITY/STATE Saint Louis MO 63139	6/22/2004	Consulting Fees \$ 0 00	\$ 1 100 00 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME Bates Neimand ADDRESS 1025 Vermont Avenue NW #830 CITY/STATE Washington DC 20005	5/4/2004	Consulting Fees \$ 0 00	\$ 4 500 00 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME CDK Web ADDRESS 27 James Drive Second Floor CITY/STATE St Charles MO 63301	5/4/2004	Web Site Develo \$ 0 00	\$ 4 575 70 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME Mueller Sign Shop ADDRESS 4418 Manchester Road CITY/STATE St Louis MO 63100	5/17/2004	Yard Signs \$ 0 00	\$ 1 974 75 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME United States Postal Service ADDRESS 12255 Natural Bridge Road CITY/STATE Bridgeton MO 63044	6/3/2004	Postage \$ 0 00	\$ 1 015 00 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME Cingular Wireless ADDRESS Post Office Box 650553 CITY/STATE Dallas TX 75265-0553	6/7/2004	Phone \$ 0 00	\$ 500 00 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME Office Depot ADDRESS 12452 St Charles Rock Road CITY/STATE Bridgeton MO 63044	6/14/2004	Office Supplies \$ 0 00	\$ 153 54 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME Effinger Printers ADDRESS 12703 Pennridge Drive CITY/STATE Bridgeton MO 63044	6/16/2004	Printing \$ 0 00	\$ 213 15 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME Cingular Wireless ADDRESS Post Office Box 65055 CITY/STATE Dallas Texas 75265	4/26/2004	Phones \$ 0 00	\$ 500 00 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME Orange Computer ADDRESS 1101 Howdershell Road CITY/STATE Hazelwood Missouri 63042	4/26/2004	Printing Suppli \$ 0 00	\$ 34 80 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME Effinger Printing ADDRESS 12703 Pennridge Drive CITY/STATE Bridgeton Missouri 63044	4/26/2004	Paper/Letterhea \$ 0 00	\$ 474 26 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13 SUBTOTAL ANY ATTACHED PAGES" ON FORM CD-3)			\$ --


**MISSOURI ETHICS COMMISSION  
INDEPENDENT CONTRACTOR EXPENDITURE**

INSTRUCTIONS ON REVERSE SIDE



NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 7/15/2004		
ITEMIZED EXPENDITURES ON PAYMENT TO INDEPENDENT CONTRACTOR (NAME AND ADDRESS OF RECIPIENT)	DATE	DESCRIPTION OF SERVICES RENDERED	PRO-RATED COST FOR SERVICE	TOTAL AMOUNT PAID
Bates Nelmand 1025 Vermont Avenue NW #830 Washington DC 20005	5/4/2004	Direct Mail Consultanting	\$ 0 00	\$ 4 500 00
CDK Web com 27 James Drive Second Floor St Charles MO 63301	5/4/2004	Web Design & Maintenance	\$ 0 00	\$ 2 837 50
Melissa Threadgill 1103 Louisville Ave Saint Louis MO 63031	6/1/2004	Strategic/ManagementC onsulting	\$ 0 00	\$ 1 100 00
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
SUBTOTAL THIS PAGE				\$ 8 437 50



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

MEC ID NO C010402

1 DATE OF REPORT	OFFICE USE ONLY
4/15/2004	

INSTRUCTIONS ON REVERSE SIDE

2 FULL NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	
3 COMMITTEE MAILING ADDRESS 1960 ACORN TRAIL DRIVE CITY / STATE / ZIP FLORISSANT MO 63031	4 COMMITTEE TELEPHONE NUMBER  (314) 972-1990
5 TREASURER'S NAME JANICE SMITH	
6 TREASURER'S MAILING ADDRESS 1960 ACORN TRAIL DRIVE CITY / STATE / ZIP FLORISSANT MO 63031	7 TREASURER'S TELEPHONE NUMBER HOME (314) 972-1990 WORK (314) 731 3969
8 DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9 DEPUTY TREASURER'S MAILING ADDRESS	10 DEPUTY TREASURER'S TELEPHONE NUMBER HOME WORK
11 DATE OF ELECTION 11/2/2004	12 TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13 TIME PERIOD COVERED BY THIS STATEMENT FROM 1/1/2004 THROUGH 3/31/2004	
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATE'S NAME ADDRESS PHONE OFFICE SOUGHT POLITICAL SUBDIVISION AND POLITICAL PARTY  CLINT ZWEIFEL 1960 ACORN TRAIL FLORISSANT MO 63031  (314) 972-1990  STATE REPRESENTATIVE DISTRICT 78  <input type="checkbox"/> CHECK IF INCUMBENT  <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15 TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input checked="" type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16 COMMITTEE TREASURER'S SIGNATURE  I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE  ELECTRONICALLY FILED Apr 8 2004 7 24PM TREASURER'S SIGNATURE	17 CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)  I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE  ELECTRONICALLY FILED Apr 8 2004 7 24PM CANDIDATE'S SIGNATURE



**Missouri Ethics Commission**  
**REPORT SUMMARY**  
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE  
 ZWEIFEL FOR STATE  
 REPRESENTATIVE

DATE OF  
 REPORT  
 4/15/200

RECEIPTS		A. THIS PERIOD	B THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1	TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 29 655 00		
2	ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 3 725 00			
3	ALL LOANS RECEIVED THIS PERIOD	+ \$ 0 00			
4	MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 0 00			
5	SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 3 725 00			
6	IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 0 00			
7	TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 3 725 00			
8	FUNDS USED FOR REPAYING LOANS THIS PERIOD	\$ 0 00			
9	TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A 8A)		\$ 33 380 00		
EXPENDITURES		A THIS PERIOD	B THIS ELECTION		
10	TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 4 324 90		
11	EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 500 00			
12	IN KIND EXPENDITURES MADE THIS PERIOD	+ \$ 0 00			
13	DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 0 00			
14	TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 500 00			
15	TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 4 824 90		
CONTRIBUTIONS MADE		A THIS PERIOD	B THIS ELECTION		
16	TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 300 00		
17	ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 0 00			
18	ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$ 0 00			
19	TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 0 00			
20	TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$ 300 00		
OTHER DISBURSEMENTS		A THIS PERIOD	B THIS ELECTION		
21	FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$ 0 00			
22	PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$ 0 00			
23	ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$ 0 00			
24	TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0 00			
				<b>MONEY ON HAND</b>	
				25 MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY CASH SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 39,902 47
				26 MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ \$ 3,725 00
				27 MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24 )	\$ 500.00
				a) Disbursements By Check \$ 500 00	
				b) Disbursements By Cash \$ 00	
				28 MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 27)	\$ 43,127 47
				<b>INDEBTEDNESS</b>	
				29 OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0 00
				30 LOANS RECEIVED THIS PERIOD	+ \$ 0 00
				31 NEW DEBTS INCURRED THIS PERIOD	+ \$ 0 00
				32 PAYMENTS MADE ON LOANS THIS PERIOD	\$ 0.00
				33 CREDITS RECEIVED ON LOANS THIS PERIOD	- \$ 0.00
				34 PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	\$ 0 00
				35 TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 32 33 34)	\$ 0 00



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE



1 NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		2 REPORT DATE 4/15/2004	
A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		4 DATE RECEIVED - AGGREGATE TO - DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
View Supplemental Form(s)			
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0 00	
7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 3 725 00	
8 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 3,725 00	
9 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 3 725 00	
10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN KIND CONTRIBUTIONS		\$ 0 00	
B NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11 TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED IN LINE 8 ON FORM CD1A		\$ 0 00	
12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0 00	
13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0 00	
14 TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0 00	
C LOANS RECEIVED		16 DATE RECEIVED	
15 NAME AND ADDRESS OF LENDER		17 AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)	
NAME ADDRESS CITY / STATE		\$	
NAME ADDRESS CITY / STATE		\$	
18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)		\$ 0 00	
19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES		\$ 0 00	
20 TOTAL LOANS THIS PERIOD (SUM 18 + 19)		\$ 0 00	
21 TOTAL ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0 00	
22 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 & 13)		\$ 3,725 00	
23 MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9 13 & 20)		\$ 3 725 00	


**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 4/15/2004	
<b>INSTRUCTIONS</b>			
<p><b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed</p> <p>Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1</p> <p>If further information is needed concerning reporting itemized expenditures see Form CD-1 Instructions</p>			
<b>A ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> -- AGGREGATE TO -- DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
<b>3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS      UFCW Local No 88 CITY/STATE    300 South Grand Boulevard EMPLOYER      St Louis Missouri 63103 <input checked="" type="checkbox"/> COMMITTEE		1/17/2004 \$ 300 00	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS      Ford Motor Company Civic Action Fund-Missouri CITY/STATE    106 West 11th Street Suite 1540 EMPLOYER      Kansas City Missouri 64105 <input checked="" type="checkbox"/> COMMITTEE		1/22/2004 \$ 175 00	\$ 175 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS      Behlmann Van Pontiac GMC Truck CITY/STATE    820 McDonnell Boulevard EMPLOYER      Hazelwood Missouri 63042 <input checked="" type="checkbox"/> COMMITTEE		2/2/2004 \$ 100 00	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS      Chris Wright CITY/STATE    4526 Eagle Estates EMPLOYER      Florissant Missouri 63034 <input type="checkbox"/> COMMITTEE		2/4/2004 \$ 50 00	\$ 50 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS      Political Action Committee of Laborers Local 42 CITY/STATE    Voluntary Fund CITY/STATE    3710 Knight Avenue EMPLOYER      St Louis Missouri 63108 <input checked="" type="checkbox"/> COMMITTEE		2/4/2004 \$ 300 00	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS      Plumbers and Pipefitters Fund CITY/STATE    12385 Larimore Road EMPLOYER      St Louis Missouri 63138 <input checked="" type="checkbox"/> COMMITTEE		2/20/2004 \$ 300 00	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS      AAA Missouri Tub and Tile CITY/STATE    1245 Washington Street EMPLOYER      Florissant Missouri 63031 <input type="checkbox"/> COMMITTEE		2/21/2004 \$ 300 00	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS      90th Legislative District Committee CITY/STATE    Post Office Box 143 EMPLOYER      High Ridge Missouri 63049 <input checked="" type="checkbox"/> COMMITTEE		2/29/2004 \$ 1450 00	\$ 1 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>			
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			




**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 4/15/2004	
<b>INSTRUCTIONS</b>			
<p><b>PURPOSE</b> The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed</p> <p>Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1</p> <p>If further information is needed concerning reporting itemized expenditures, see Form CD 1 Instructions</p>			
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		<b>4 DATE RECEIVED</b> AGGREGATE TO DATE	<b>5 AMOUNT RECEIVED</b> (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>			
NAME ADDRESS HealthLink CITY/STATE 12443 Olive Boulevard EMPLOYER St Louis Missouri 63141 <input type="checkbox"/> COMMITTEE		3/6/2004 \$ 150 00	\$ 150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Plumbers Union No 8 Political Action Committee CITY/STATE 8600 Hillcrest Road Suite 2 EMPLOYER Kansas City Missouri 64138 <input checked="" type="checkbox"/> COMMITTEE		3/12/2004 \$ 300 00	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Cash America CITY/STATE 1600 West 7th Street EMPLOYER Fort Worth Texas 76102-2599 <input type="checkbox"/> COMMITTEE		3/12/2004 \$ 250 00	\$ 250 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Democratic Legislative District Committee CITY/STATE 3150 Allen Avenue EMPLOYER St Louis Missouri 63104 <input checked="" type="checkbox"/> COMMITTEE		3/31/2004 \$ 300 00	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>			
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)			



**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 INSTRUCTIONS ON REVERSE SIDE



1 NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		2 REPORT DATE 4/15/2004	
A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)			4 AMOUNT PAID OR INCURRED THIS PERIOD
3 CATEGORY OF EXPENDITURE			
			\$
			\$
5 SUBTOTAL NON ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$
6 SUBTOTAL NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+ \$ 0 00
7 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$
B ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		9 DATE	10 PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)
8 NAME AND ADDRESS OF RECIPIENT			11 AMOUNT THIS PERIOD
NAME Cingular Wireless		1/25/2004	500 00
ADDRESS Post Office Box 65055			\$ 0 00
CITY / STATE Dallas Texas 75265-0553			<input checked="" type="checkbox"/> PAID 500 00 <input type="checkbox"/> INCURRED
NAME			\$
ADDRESS			<input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
CITY / STATE			\$
NAME			\$
ADDRESS			<input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
CITY / STATE			\$
NAME			\$
ADDRESS			<input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
CITY / STATE			\$
NAME			\$
ADDRESS			<input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
CITY / STATE			\$
12 SUBTOTAL THIS PAGE (SUM COLUMN 11)			\$ 500 00
13 SUBTOTAL ANY ATTACHED PAGES			+ \$ 0 00
14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$ 500 00
15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$
16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$
17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$
18 IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD LIST AMOUNT			\$ 0 00
19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$ 0 00
C MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21 DATE	22 AMOUNT
20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			
NAME			
ADDRESS			
CITY / STATE			\$
NAME			
ADDRESS			
CITY / STATE			\$
NAME			
ADDRESS			
CITY / STATE			\$
23 SUBTOTAL THIS PAGE (SUM COLUMN 22)			\$
24 SUBTOTAL ANY ATTACHED PAGES			+ \$ 0 00
25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)			\$
26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT			\$ 0 00
27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)			\$
28 IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT			\$ 0 00

FORM CD3